

Walton Rehabilitation Health System
1355 Independence Drive
Augusta, GA 30901-1037
(706)724-7746

New Patient Questionnaire

Tell us a little bit about yourself:

City and State of your Residence _____

Diagnosis _____

Gender Male Female

Which age group do you belong to?

- | | |
|--|--|
| <input type="checkbox"/> < 18 years old | <input type="checkbox"/> 46 - 54 years old |
| <input type="checkbox"/> 18 - 24 years old | <input type="checkbox"/> 55 - 64 years old |
| <input type="checkbox"/> 25 - 45 years old | <input type="checkbox"/> 65 or older |

What Walton services are you using today?

- | | |
|--|--|
| <input type="checkbox"/> Hospital (Inpatient) | <input type="checkbox"/> Walton West |
| <input type="checkbox"/> Outpatient Rehabilitation | <input type="checkbox"/> Harison Heights |
| <input type="checkbox"/> Pain Center | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Headache Center | |

How did you hear about us? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Television (<input type="checkbox"/> Ad <input type="checkbox"/> Story) | <input type="checkbox"/> Referral from a doctor |
| <input type="checkbox"/> Newspaper(<input type="checkbox"/> Ad <input type="checkbox"/> Story) | <input type="checkbox"/> Internet search | <input type="checkbox"/> Referral from an insurance carrier |
| <input type="checkbox"/> Magazine (<input type="checkbox"/> Ad <input type="checkbox"/> Story) | <input type="checkbox"/> Walton website | <input type="checkbox"/> Recommendation from a friend |
| <input type="checkbox"/> Yellow pages | <input type="checkbox"/> Health fair | <input type="checkbox"/> Recommendation from a family member |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Walton brochure | <input type="checkbox"/> Other _____ |

Why did you choose Walton? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Referral from a doctor | <input type="checkbox"/> Reputation of Walton |
| <input type="checkbox"/> Referral from my insurance | <input type="checkbox"/> Price of services |
| <input type="checkbox"/> Recommendation from a friend | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Recommendation from a family member | |

In 1 or 2 sentences, please define your expectations.
