
Additional Information – New Patients

1. Email address _____

2. Job title/type of work/company _____

3. If retired, from what field/industry? _____

4. Hobbies/other activities _____

5. Are you right or left handed? (circle one – or both!) RIGHT LEFT

5. How did you hear about me or the clinic? _____

6. Who sent you to come see me – your physician? a friend or relative?

7. Do you have internet access at home? YES NO

8. If not, do you have some other way of getting online if we recommended a

website for you? YES NO

9. Which of the following did you visit prior to your first visit with me?

our website (ozarkorthopaedic.com)

my website (noelhenley.com)

none of the above