



NEW PATIENT INFORMATION FORM

DATE OF VISIT: ____/____/____

IS THIS THE FIRST TIME VISITING OUR CLINIC? Y / N

WHAT DIVISION ARE YOU BEING SEEN AT TODAY?

- Allergy & Asthma Infusion Centers Horizon Pediatrics Horizon Primary Care
 Sinus Solutions Dr. Jill Schofield

WHICH OFFICE ARE YOU VISITING TODAY?

- Centennial Green Valley Ranch Thornton Longmont Smoky Hill

HOW DID YOU HEAR ABOUT US?

INTERNET SEARCH (PLEASE SPECIFY)

- GOOGLE GOOGLE MAPS YELP FACEBOOK YP Other: _____

PRINT ADVERTISEMENT (PLEASE SPECIFY):

- NEWSPAPER BROCHURE NEWSLETTER OTHER: _____

FRIEND / FAMILY REFERRAL (PLEASE SPECIFY): _____

DOCTOR / CLINIC REFERRAL (PLEASE SPECIFY NAME OF DR. OR PRACTICE): _____

INSURANCE WEBSITE / DIRECTORY (PLEASE SPECIFY): _____

SCHOOL (PLEASE SPECIFY): _____