


**EXTENDED PATIENT INFORMATION**

NAME: \_\_\_\_\_

CLINIC: \_\_\_\_\_

PRIMARY EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

Please circle the source below that brought you in <b>TODAY</b> (please just circle one)		If you have <b>ALSO</b> heard about Transformations from an additional source, please circle <i>one</i> below.
<p>SAW OUR SIGN DRIVING BY RECEIVED A GUEST PASS (from a friend or any other source) A FRIEND</p> <p>FOUND US SEARCHING ON THE INTERNET</p> <p>RECEIVED AN EMAIL ABOUT US</p> <p>SAW OUR AD ON ANOTHER WEB SITE</p> <p>A NEWSPAPER AD(S)</p> <p>YELLOW PAGE AD(S)</p> <p>A MAGAZINE AD(S)</p> <p>A RADIO AD(S)</p> <p>A TV AD(S)</p> <p>A DOCTOR TOLD YOU ABOUT US</p>		<p>SAW OUR SIGN DRIVING BY RECEIVED A GUEST PASS (From a friend or any other source) A FRIEND</p> <p>FOUND US SEARCHING ON THE INTERNET</p> <p>RECEIVED AN EMAIL ABOUT US</p> <p>SAW OUR AD ON ANOTHER WEB SITE</p> <p>A NEWSPAPER AD(S)</p> <p>YELLOW PAGE AD(S)</p> <p>A MAGAZINE AD(S)</p> <p>A RADIO AD(S)</p> <p>A TV AD(S)</p> <p>A DOCTOR TOLD YOU ABOUT US</p>
<p><b>OTHER/CLARIFY</b> (if possible, please indicate the event, occasion, specific radio, tv, email ad, or physician name): _____</p>		<p><b>OTHER/CLARIFY</b> (if possible, please indicate the event, occasion, specific radio, tv, email ad, or physician name): _____</p>

**A FEW QUESTIONS THAT WILL HELP TRANSFORMATIONS PROVIDE YOU BETTER SERVICES & OFFERS**

- 1) Do you exercise? *IF YES*, where? home gym \_\_\_\_ health club \_\_\_\_ fitness video \_\_\_\_ other \_\_\_\_  
*IF NO*, are interested in starting to exercise at this time? Y \_\_\_\_ N \_\_\_\_
- 2) What is motivating you most to lose weight? Health \_\_\_\_ Feel Different \_\_\_\_ Look Different? \_\_\_\_  
Upcoming Event \_\_\_\_ Fit Into Clothes \_\_\_\_
- 3) What is your biggest hurdle to losing weight? Eating poorly \_\_\_\_ Don't know what/how to eat? \_\_\_\_  
Lack of Exercise \_\_\_\_ Unable to stay on a diet ("willpower") \_\_\_\_ Don't know \_\_\_\_
- 4) Have you tried any other weight loss programs? Y \_\_\_\_ N \_\_\_\_ *IF YES*, with what organization/company? \_\_\_\_\_
- 5) Have you tried and/or using any other weight loss products? Y \_\_\_\_ N \_\_\_\_
- 6) Which one do you use most to search online? Yahoo \_\_\_\_ Google \_\_\_\_ Bing \_\_\_\_ Ask.com \_\_\_\_
- 7) How far do you have to drive to this clinic's location? 1 mile \_\_\_\_ 3 \_\_\_\_ 5 \_\_\_\_ 10 \_\_\_\_ 10+ \_\_\_\_
- 8) What radio station(s) do you listen to? \_\_\_\_\_