



New Patient Questionnaire

Welcome to Bluepoint Surgical Group. Our Goal is to provide you with the best service and experience every time you visit our office. To better serve you, please complete the following questionnaire. All information is confidential and

used for the sole purpose of improving our customer service and gaining a better understanding of our patients' wants and needs.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

***Please note: As a valued service we confirm all appointments; contact you with scheduling changes due to emergencies; call to inform you of insurance requirements and approvals; in addition to test results and other medical/ non-medical issues.**

What is your Preference for contacting you?

<input type="checkbox"/> Home May we leave a message? _____	<input type="checkbox"/> Work May we leave a message? _____
<input type="checkbox"/> Cell May we leave a message? _____	<input type="checkbox"/> E-mail May we send messages related to surgery? _____

Please visit our website at: [www. BluepointGroup.com](http://www.BluepointGroup.com) for more info!

You can also visit us at: [www. Bluepointprs.com](http://www.Bluepointprs.com) for information on our Plastic Surgery Services!