Print Form

VA GREATER LOS ANGELES
HEALTHCARE SYSTEM

A Division of VA Desert Pacific Healthcare Network

Your Name: _____ Date: _____

Contact Phone: _____

Your Email Address: _____

<u>Geographic Location</u>: Please indicate your preference, with number one (1) being your first choice, two (2) your second choice, etc.:

_____West Los Angeles (includes Gardena, Culver City and Hollywood clinics)
_____Los Angeles (includes East Los Angeles, Downtown LA and Commerce clinics)
_____Sepulveda
_____Santa Barbara (includes San Luis Obispo, Port Hueneme and Lompoc clinics)
_____Bakersfield (includes the Antelope Valley clinic)

<u>Area of Specialty</u>: Please indicate you preference, with number one (1) being your first choice, two (2) your second choice, etc.:

_____Medical/Surgical
_____Critical Care
_____Operating Room
_____Ambulatory/Primary Care
_____Geriatrics/Rehabilitation
_____Community Care
_____Home Based Primary Care
_____Mental Health
_____Other: (Please specify):_____

Referral Source (please check how you were referred to us):

Friend: _____ VA Employee:_____ Newspaper AD:_____

Job Fair:_____ Conference:_____ Magazine AD: _____

Internet Site:_____

Other (please describe): _____