

NOTION: RABBI YOSEF WEINSTOCK

NAME (optional) \_\_\_\_\_

indicate how you would like a response: Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Do you prefer a text message  Do you prefer an e-mail

Please place an X in the appropriate place:

DAY IN WEEK	DAY IN COUNT
SUNDAY	DAY 1 AM PM
MONDAY	DAY 2 AM PM
TUESDAY	DAY 3 AM PM
WEDNESDAY	DAY 4 AM PM
THURSDAY	DAY 5 AM PM
FRIDAY	DAY 6 AM PM
SABBOS	DAY 7 AM PM
SEFSEK TAHARA	MOCH DACHUK

Did you experience discomfort when performing bedikah?  Yes  No

Have you recently had a Gynecological procedure?  No

Yes \_\_\_\_\_

Any other relevant factors:

\_\_\_\_\_

**Envelopes are available at:**

**Young Israel of Hollywood-Fort Lauderdale**

**3291 Stirling Road  
Hollywood, FL 33021  
(954) 966-7877**

*Please use one envelope per question.*