

## New Patient Appointment Request Form

Date: \_\_\_\_\_

Would you prefer an appointment with a specific provider or first available? \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Insurance Coverage \_\_\_\_\_ Guarantor \_\_\_\_\_

Please list all current medications

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Please list all on-going medical conditions (hypertension, diabetes, etc.)

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Please list any specialists that you see on a regular basis

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If your child is establishing are you willing to vaccinate according to the CDC Recommendations for immunizations: Yes \_\_\_\_\_ No \_\_\_\_\_

Upon scheduling you are required to pay a deposit of \$50 as a measure of good faith to keep the scheduled appointment. This will be applied to your copay or deductible at your first visit.

Last primary care physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Reason for leaving your last Primary Care Physician ( ) Relocating ( ) Second opinion ( ) Other

Explain: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about our practice? Friend or relative \_\_\_\_\_ (list their name)

Website \_\_\_\_\_ Phonebook \_\_\_\_\_ Another Physician Practice \_\_\_\_\_