

PENDING NEW PATIENT QUESTIONNAIRE

Why do you need to be seen? (Circle one)

Physical/Well child New Baby Sick visit Medication refill Establish Primary Care

Patient Information: _____ Date: _____

Patient Name: _____ (M / F) DOB: _____

Address: _____ City: _____

Zip: _____ 1st contact phone # _____ 2nd contact #: _____

Do we see any other family members? _____

Please list any chronic medical conditions or diagnoses that you have: _____

Please list any medications that you are currently taking: _____

Previous treating Physician & Reason for leaving: _____

Immunization Concerns: Please note we are a vaccinating clinic – we do not accept unvaccinated children

Are you opposed to your child receiving CD recommended immunizations? YES or NO

Physician Assistant – Nurse Practitioners: Please note our mid-levels see the majority of our adult panel and same day sick appts. as Dr. Boecker sees the newborns and small children

This practice does employ PA's and NP's. As a patient are you opposed to seeing a mid-level provider for any or all medical conditions? YES or NO

Insurance Information:

Insurance Company: _____ Group #: _____

Member ID# _____ Insurance Phone #: _____

Claims Mailing Address: _____

Policy Holder's name: _____ DOB: _____

SSN#: _____ Relationship to patient: _____

Secondary Insurance? YES or NO If yes, then please list _____

Once accepted into the practice you will be directed to our website where you can then fill out all of the appropriate New Patient Paperwork. Also, before scheduling any new well child exams, we will need medical records including immunization records so they can be reviewed prior to your child's 1st appointment. You can find a Release of Medical Records form on our website to submit to previous doctors to have them send your medical records. Our fax# is 830-627-2701