

PLEASE FILL IN ALL INFORMATION & RETURN TO OFFICE Today's Date:

**New Patient Approval Form**

Patient registration details					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>	
Preferred Pronoun					
<input type="checkbox"/> She/Her	<input type="checkbox"/> He/Him	<input type="checkbox"/> They/Them	Other:		
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Mobile</b>		<b>Home</b>		<b>Work</b>	
<b>Email</b>					

Insurance Details					
<b>Uninsured?</b> Yes ___    No ____					
<b>Insured's Name</b>		<b>DOB</b>			
<b>Relationship</b>		<b>Employer</b>			
<b>Primary Insurance Company</b>			<b>Phone</b>		
<b>Insured's ID</b>		<b>Group #</b>			
<b>Secondary Insurance Company</b>			<b>Phone</b>		
<b>Insured's ID</b>		<b>Group #</b>			

Health Information	
<b>Current Medications</b> List all below. If none, mark box	
<input type="checkbox"/> None	
<b>Active Health Problems</b>	
<input type="checkbox"/> None	

<b>Vaccination History</b> ok to provide copy of vaccination cards with dates			
<b>Allergies</b>			
<b>Does patient have a primary doctor now?</b>		<b>If yes, who?</b>	
<b>Referred by</b>			
<b>Have you previously been seen by Dr. Bouchier, Dr. Pritchett, Jed or Katherine?</b>			
<b>If so, who?</b>			
<b>Requested provider</b>			
<b>Reason you want to establish care in our office:</b>			
<b>Do you need to be seen withing the next two weeks? Yes or No</b>			
<b>If yes, why?</b>			

Please allow up to 14 days for review.

Once received and reviewed, you will receive a call from the office.

Due to high volume, one call will be made to the primary and cell phone number. If possible, a voicemail will be left. If you do not respond within two weeks of being notified of acceptance into practice, your chart will be marked inactive and you will need to resubmit new patient paperwork to be considered for acceptance into the practice again.

Upon acceptance, you will need to schedule your New Patient Appointment within 4-6 weeks in order to be considered an active patient in the practice. Failure to due so will result in being marked inactive and no longer part of the practice.

**I acknowledge that I have read and understood the above its entirety and agree to abide by them.**

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Signature

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Date