

Getting to Know You

Name: _____ DOB: _____ Age: _____

E-mail: _____

- Were you referred to the practice? If Yes, by whom? _____
- Occupation _____
- Would you like to receive Dr. Robinson's newsletter? _____
- Have you reviewed our website? YES/NO
- What appeals to you about the practice?

- Which Package are you Interested In? FMC (\$950) _____ EDC (\$1500 Annually) _____
Wellness (\$2500 Annually) _____ Comprehensive (\$3500 Annually)
Please Consult the Plan Chart for Further Detail

• Preferred Pharmacy _____ Phone _____
Address _____

• Are there any Specialists you have seen that we should request your medical records from?

Dr.'s Name: _____ Office Phone _____

Address _____

Feel free to attach an additional page if needed

- Do you have insurance? If Yes, please list insurance company name:

- Is your insurance an HMO? _____
If YES, please be aware that we do not opt into any Managed Care Networks. Please call to discuss how this could affect your care at our office