

**Getting to Know You**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

- How did you hear about us? \_\_\_\_\_
- Were you referred to the practice? If yes, by whom? \_\_\_\_\_
- Have you reviewed our website? YES / NO
- Would you like to receive Dr. Robinson/Dr. Burk's newsletter? YES / NO
- What appeals to you about the practice?  
\_\_\_\_\_

- Please choose below the plan/package that most suits your needs:

**Primary Care:**

Wellness (\$2500 Annually) \_\_\_\_\_ Comprehensive (\$3500 Annually) \_\_\_\_\_

**Consultation:**

Consultation Package (FMC \$1175) \_\_\_\_\_ \* (RECODE \$1500) \_\_\_\_\_ \*

*\*Please list Primary Care doctor's name, address, and phone number, and/or Urgent Care:*  
\_\_\_\_\_

- 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 and include a copy of the front and back of your insurance card with this packet.  
\_\_\_\_\_
- Our practice is not currently enrolled with any private health insurance companies and is considered out-of-network. However, we are happy to provide you with insurance claim forms as a courtesy for you to file with your insurance company.