



Getting to Know You

Name: _____ Nickname/Goes By _____

DOB: _____ Age: _____ Gender Assigned at Birth: _____

E-mail: _____

- 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?

- Which Package are you Interested In?

SILVER (\$2400 Annually) _____ **GOLD** (\$4200 Annually) _____ **PLATINUM** (\$9900 Annually) _____

Please Consult the Plan Chart for Further Detail

- Preferred Pharmacy _____ Phone _____

Address _____

- Prior Primary Care Physician

Dr.'s Name: _____ Office Phone _____

City _____ Date(s) of Care: _____

- Other Specialists in the past 5 years?

Dr.'s Name: _____ Office Phone _____

City _____ Date(s) of Care: _____

Dr.'s Name: _____ Office Phone _____

City _____ Date(s) of Care: _____

Attach additional Page if needed

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

- Is your insurance an **HMO**? YES

If YES, please be aware that we are not able to accept you as a primary care patient at this time. Please contact us if you need further information