



Getting to Know You

Name: _____ Nickname/Goes By _____

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

E-mail: _____ Phone: _____

▪ Have you reviewed our website? YES NO

▪ Would you like to receive our Practice Newsletter? YES NO

▪ What appeals to you about the practice?

▪ Which Package are you Interested In?

SILVER (\$3300 Annually) GOLD (\$4200 Annually) PLATINUM (\$9900 Annually)

PreCODE/ReCODE Add-On (\$1200/\$2400 annually) Please Consult the Plan Chart for Further Detail

• Preferred Pharmacy _____ Phone _____

Address _____

• Prior Primary Care Physician

Dr.'s Name: _____ Office Phone _____

City _____

Approximate 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? _____
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