



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 Signing Up For?

SILVER (\$4600 Annually) _____ GOLD (\$5900 Annually) _____

PLATINUM (\$10,300/\$11,600 Annually) *Please Consult 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