New Patient Application

Name:	Enter Your Full Name Here	Referred By:			
Address:	(EX: 1234 Gate St.)	City:		State:	
Zip Code:		Phone #:			
Email:		DOB (*MM/DD/YYYY*):			
Legal Sex:		Race:		Occupation:	
Emergency Contact:		Relation:		Phone:	
How did you hear about us:					

PRIMARY INSURANCE INFORMATION:

Insurance Company:					
Group#:		Policy#:		Co-Pay:	
Name of Insured:		Relation to Patient:			
Legal Sex:		DOB (*MM/DD/YYYY*):			

SECONDARY INSURANCE INFORMATION:

Insurance Company:					
Group#:		Policy#:		Co-Pay:	
Name of Insured:		Relation to Patient:			
Legal Sex:		DOB (*MM/DD/YYYY*):			

PRIMARY HEALTH HISTORY:

Last Primary Care Physician:	
Reason for Leaving:	
Other Doctors (Specialists):	

Current Symptoms:	
Drug or Food Allergies (What happens to you?):	

PAST MEDICAL HISTORY (CHECK OR WRITE IN):

☐ Allergies (Seasonal)	☐ Diabetes	☐ Seizure Disorder
☐ Alzheimer's Disease	☐ Enlarged Prostate	☐ Stomach Ulcers
☐ Anemia	☐ GERD (Reflux)	☐ Stroke
☐ Anxiety	☐ Gout	☐ Thyroid Disease
☐ Arthritis	☐ Heart Disease	☐ Ulcerative Colitis
☐ Asthma	☐ High Blood Pressure	☐ Venereal Disease (STD)
☐ Bleeding Disorder	☐ High Cholesterol	☐ Other
☐ Blood Clots	☐ HIV	Write In Field
☐ Breast Lump	☐ Liver Disease	Write In Field
☐ Cancer	☐ Migraines	Write In Field
☐ Chronic Bronchitis	☐ Multiple Sclerosis	Write In Field
☐ Congestive Heart Failure	☐ Osteoporosis	Write In Field
☐ COPD	☐ Parkinson's Disease	Write In Field
☐ Crohn's Disease	☐ Psychiatric Disease	Write In Field
☐ Depression	☐ Poor Circulation	Write In Field

SURGERIES:

Surgery	Approx Date/Location	Surgeon
(ex: Gallbladder)	(ex: May 2022/Crestwood)	(ex: Dr. James Smith)

Medications:

Preferred Pharmacy:	(ex: walgreens)		
Address:		City:	
State:		Zip Code:	

Medication: (ex: Lisinopril)	**Strength:** (ex: 10 mg)	**Instructions:** (ex: One pill by mouth once per day)

Additional Information:

PLEASE EMAIL FORM TO:*

Reception@LinderFamilyCare.com

*** User has option to email new patient application form via email address provided or fill out form and bring the form to the office location. User understands that email is not a secured/encrypted method of transmission. Linder Family Care is not responsible for potential data spill over unencrypted email communication.**