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NEW PATIENT INQUIRY FORM

Today's Date: _____

Patient's Personal Information:

First Name: _____ Last Name: _____ DOB: _____

Social Security Number: _____ Email address: _____

Home Phone _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact for Appointments and Medical Problems (who can make Medical Decisions for patient):

Name: _____ Relationship: _____

Home Phone _____ Cell Phone: _____

Email address: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Method of Contact: Cell Phone ☐ Email ☐ Home Phone ☐

Payment Guarantor (Person responsible for the bills): Same as Appointment Contact? ☐

Name: _____ Relationship: _____

Home Phone _____ Cell Phone: _____

Email address: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Method of Contact: Cell Phone ☐ Email ☐ Home Phone ☐

Notes/Addditional Information: (optional)

Current Physician: Name: _____ Fax: _____
(required)

Do you receive a flu shot annually? Yes ☐ No ☐

Mothers Maiden Name: _____ (Needed for the NYS Immunization Registry)

Insurance Information:

Primary Insurance: _____

Policy #: _____ PCP Copay Amount: $ _____

Supplemental Insurance: _____ Policy #: _____

Medicaid Policy Number (if any): _____

Medicare Number (required): _____

Method of Copayment: (if applicable): Cash ☐ Check ☐ Credit Card on File ☐

*** Copayment is due at the time of visit. If the person who pays the bills is not there, then a credit card needs to be kept on file. Please call the office to give credit card information, do not write it here.**

MEDICATION LIST:

Before accepting you as a new patient, Dr. Postigo needs to review your medication list. Please write down the name of each medication you are currently taking.

Name of Medicines

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10._____	20. _____

Did you fill all blanks? Forms with missing information will delay enrollment.

Instructions for sending form by email:
1. Click <Print> button on the right.
2. Click <Change> button if available, otherwise skip step.
3. Select from printer list <Save as PDF> or <Microsoft Print to PDF>.
4. Choose to save the PDF form to Desktop (a folder listed) so you can find it easier.
5. Open your email and attach the saved file, send to housecallmdforseniors@gmail.com or print & mail form.

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