

New Patient Form

Date:



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|--|-----------------------------------|--|
| <input type="radio"/> Dr. Greggain       | <input type="radio"/> Dr. Ellison | <input type="radio"/> Dr. Molander         |
| <input type="radio"/> Dr. Mackay         | <input type="radio"/> Dr. Weiland | <input type="radio"/> Tyler Anderson, PA-C |
| <input type="radio"/> Tamara Bruns, ARNP | <input type="radio"/> Dr. Fisher  |  |

PATIENT INFORMATION	MEDITECH T#
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<u>Patient Name:</u>	<u>Date of Birth:</u>	<u>Social Security #:</u>
<u>Mailing Address:</u>	<u>City:</u>	<u>State/Zip:</u>
<u>Phone #:</u>	<u>Alt Phone #:</u>	

INSURANCE
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<u>Primary Insurance:</u>	<u>Policy/ID#:</u>	<u>Phone #:</u>
<u>Secondary Insurance:</u>	<u>Policy/ID#:</u>	<u>Phone #:</u>

REASON FOR VISIT/ESTABLISHING CARE -- CURRENT/PAST MEDICAL PROBLEMS
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<u>Accident Related?</u> Yes / No	<u>Previous Provider:</u>

CURRENT MEDICATIONS	PHARMACY
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COMMENTS
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<p><b>CHECKLIST:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Fax New Patient Form to Patient Access (509)758-0120</li> <li><input type="radio"/> Physician Approval</li> <li><input type="radio"/> Call/Schedule New Patient Appointment</li> <li><input type="radio"/> Create a "New Patient" in Greenway and Scan New Patient Form (Patient Information)</li> <li><input type="radio"/> Edit Meditech Pre-Registration : Provider, Location &amp; Date Of Service</li> <li><input type="radio"/> Appointment Confirmed</li> </ul>	<p style="text-align: center;"><b>OTHER INFORMATION</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 15px;">x</td> <td style="width: 70%;">FINANCE</td> <td style="width: 10%;">Yes</td> <td style="width: 5%;">No</td> </tr> <tr> <td>x</td> <td>PROVIDER</td> <td>Yes</td> <td>No</td> </tr> </table>	x	FINANCE	Yes	No	x	PROVIDER	Yes	No
x	FINANCE	Yes	No						
x	PROVIDER	Yes	No						