

New Patient Request Form

Patient approval process takes from 3-5 business days from the form is submitted.

All spaces must be completed before submitting.

| | | | |
|-------------|-------|------------------------|-------|
| Name: | _____ | Male/Female: | _____ |
| DOB: | _____ | Smoker: | _____ |
| Address: | _____ | Race: | _____ |
| | _____ | Primary Language: | _____ |
| Home Phone: | _____ | Previous M.D.: | _____ |
| Cell Phone: | _____ | Guarantor Name: | _____ |
| Work Phone: | _____ | Guarantor DOB: | _____ |
| Email: | _____ | Relationship to child: | _____ |
| Insurance: | _____ | Date Submitted: | _____ |
| SS#: | _____ | Appointment Date: | _____ |

Concern at this time:

Medical Conditions/Surgeries:

Current Medications:

SAMA Healthcare is a primary care clinic and will only be accepting patients who intend to use our office as their primary health care provider. We will not accept new patients to be seen only for acute issues. All patients who submit new patient forms may be searched on the prescription monitoring database before being accepted. This database shows all controlled medications which have been prescribed to the patient recently.

Dr. Hatley _____ Dr. Monteith _____ Dr. Hopson _____

Dr. Goss _____ Dr. Chowdhury _____ No Preference _____

EMPLOYEE INITIALS _____