



4. Do you have any drug or food allergies? If so, please list them.

5. If you are requesting obstetrical (OB-GYN) care:
 - a. What was the first day of your last menstrual period?
 - b. What is your estimated delivery date?

6. Have you ever been to one of our facilities before? If so, when?

7. Who is the most recent doctor or medical provider you have seen for your healthcare needs?

By typing my initials, I attest that the above information is accurate:

Please be sure to bring a driver's license and insurance card(s) to your appointment.

For internal use only

Was the patient previously dismissed?

Reason:

Approval (check one): Yes No

Obtain records for review

Provider:

Provider: