

OTTAWA FAMILY PHYSICIANS, CHTD.

NEW PATIENT INFORMATION

DATE _____ TIME _____ INITIALS _____ M/S/W/D _____

PATIENT NAME _____ DOB _____

ADDRESS _____ SS# _____

PERSON CALLING _____ DOB _____ RELATIONSHIP TO PATIENT _____

CELL PHONE _____ HOME PHONE _____

PARENT/SPOUSE NAME _____ DOB _____

DEPENDENT NAME(S) AND DOB(S) _____

PARENT/PATIENT EMPLOYER _____ WORK PHONE _____

REFERRED BY _____ PAST PHYSICIANS SEEN _____

WANT TO ESTABLISH: YES NO _____ TODAY/OTHER _____

REASON FOR VISIT _____

CHRONIC ILLNESSES _____

CURRENT MEDICATIONS _____

INSURANCE: MC/MA UHC/SUN/AMERI BCBS OTHER: _____

DR REQUESTED: **NONE** RANSOM SPRATT OJELEYE SINCLAIR GOLLIER NICHOLS SIMMONS SIEMONS

NO DR PREFERENCE: TODAY'S DATE _____ EVEN DATE-- SIMMONS ODD DATE-- SIEMONS

OB PATIENT PHYSICIAN: RANSOM SPRATT OJELEYE SINCLAIR GOLLIER NICHOLS SIMMONS SIEMONS

RANSOM _____ NO SPRATT _____ NO OJELEYE _____ NO SINCLAIR _____ NO

GOLLIER _____ NO NICHOLS _____ NO SIMMONS _____ NO SIEMONS _____ NO

Billing office ok: YES _____ NO _____ **Comments** _____

Patient contacted: YES NO Date: _____ Initials of person who contacted patient _____

Appointment made: YES NO Date: _____ Time: _____

ARRIVE 15 MINUTES EARLY/BRING MEDICATION LIST/SURGERY LIST

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OB NEW PATIENT INFORMATION

TODAY'S DATE _____

DATE OF LAST MENSTRUAL PERIOD _____

DATE OF POSITIVE PREGNANCY TEST _____

WHAT NUMBER PREGNANCY IS THIS FOR YOU? _____

ANY PREVIOUS MISCARRIAGES? YES NO HOW MANY? _____

ANY PREVIOUS FETAL DEATHS? YES NO HOW MANY? _____

OF PREVIOUS DELIVERIES: VAGINAL # _____ C SECTION # _____

Any problems with this pregnancy or previous pregnancies? (diabetes, high blood pressure, bleeding, preterm deliveries, preeclampsia, etc...) _____

CURRENT MEDICATIONS _____

HAVE YOU SEEN ANOTHER PHYSICIAN FOR THIS PREGNANCY? YES NO

IF YES, PHYSICIAN NAME AND LOCATION _____

REASON FOR CHANGING PHYSICIANS _____

DOCTOR REQUESTED: RANSOM SPRATT OJELEYE SINCLAIR GOLLIER NICHOLS SIMMONS SIEMONS

IF NO DR REQUESTED, BUT PATIENT REQUESTS FEMALE PHYSICIAN:

TODAY'S DATE _____ EVEN DATE— SINCLAIR ODD DATE – SIEMONS

IF NO DR PREFERENCE AND DOESN'T REQUEST FEMALE: CIRCLE DOCTOR ON CLINIC CALL TODAY BELOW

RANSOM SPRATT OJELEYE SINCLAIR GOLLIER NICHOLS SIMMONS SIEMONS

(GO TO THE FRONT PAGE OF THIS FORM AND CIRCLE THE PHYSICIAN'S NAME UNDER OB PHYSICIAN)