Hope Family Medicine, INC.
"Hope delayed makes the heart sick, but a longing fulfilled is a tree of life."

Eric North, MD • Phoenix Senna North, MD
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Who would you like to see? □ Eric North MD □ Senna North MD □ Emily Ward FNP-BC

Date_____

Name _____DOB_____

Address_____Phone_____

Parent Name (if patient minor)_____ Parent DOB_____

How did you hear about us? (e.g.family member, friend). Please list name:_____

Ins. Co. _____ID# _____

Do you have Medicare? □ Yes □ No

Current primary care physician: _____

Medication List (no dosages necessary)_____

_____

Comments: _____

□ I acknowledge this request terminates in 12 months if an appointment has not been made. Initials _____

Internal Office Only

□ **YES**, I will accept this person/family as new patient(s): Date_____ Initials _____

□ **NO**, I am unable to accept this person/family as new patient(s) at this time

□ Chart made. Patient notified or LMTRC: Date_____ Initials _____Appt Date and Time:_____

□ New patient packet sent. Date_____ Initials _____

□ Received medical records: Date_____ Initials _____

□ Insurance active and assigned to HFM, if applicable. Date checked _____

□ Verbally accepted by doctor