PROSPECTIVE PATIENT APPLICATION

□ Family First Healthcare	□ Family Practice of Jay County	□ Jay Family Medicine
500 West Votaw Street	428 W. Votaw St. Suite A	430 W. Votaw Street
Portland, IN 47371	Portland, IN 47371	Portland, IN 47371
260-726-2313	260-726-8822	26-726-7616

DATE: _____

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
FATHER / GUARDIAN NAME:	MOTHER / GUARDIAN NAME:	

ADDRESS:

STREET	CITY	STATE	ZIP
HOME PHONE:	CELL PHONE:		
DATE OF BIRTH:	AGE:	GENDER: MALE / FEMALE	

Your Occupation: _____

Employers Name: _____

What type of insurance do you have? _____

What medical problems are you currently being treated for?

_____

_____

_____

Who is your current Physician? _____

What medications are you currently taking?

_____

_____

_____

Who can we thank for referring you to this practice? _____

Which provider do you want to see? _____

~ Please note that we may not be able to accommodate all requests in your selection for a specific provider. ~

DATE RECEIVED:	DATE REVIEWED:	APPROVED / DENIED	PATIENT NOTIFIED: