



Instructions for New Patient Request Form

1. Complete New Patient Request Form completely.
2. Make sure you answer as many questions as possible and be specific.
3. Make sure all your medications and dosages are listed on the form.
4. Either bring the completed form by or mail it to the Catawba Valley Family Medicine practice of your choice.



New Patient Request Form

Date: _____

Have you ever been seen at a Catawba Valley Family Medicine practice in the past? Yes _____ No _____

If yes, which doctor did you see? _____

Would you prefer an appointment with a specific CVFM provider or first available? _____

Patient Name: _____ DOB: _____

Previous Name (if any): _____

Address: _____

Home Phone #: _____ Cell # _____ Work # _____

Insurance Coverage: _____

Who was your last Primary Care Physician? _____

Reason for leaving your last Primary Care Physician?

Please list all current medications:

Please list all previous surgeries and on-going medical conditions: (hypertension, diabetes, etc.)

How did you hear about us?
