

Questionnaire for potential patients to Family Medicine Center of Pampa, PLLC

Thank you for your interest in becoming a patient of Family Medicine Center. Before we can accept you as a patient we need to know a little of your medical background to make sure that we will be able to handle your medical needs and give you the best possible healthcare. If for some reason we do not feel like one of our Doctors can do this, we will tell you before scheduling an appointment which will save you both money and time.

Name: _____ **DOB** _____ **Telephone#** _____

Address _____

Insurance _____ **Employer;** _____

Physician you would like to see and reason for seeing him:

If for some reason this physician does not feel like he is best suited to handle your problems would you see another physician in our clinic? _____

Please name your last primary care physician and the reason you are leaving his/her Practice and date of last visit:

Please list all of your medical conditions below: (If a specialist is taking care of this condition, please list the providers name by the condition along with date of last visit):

Please list all the medication you are currently taking , Dr who ordered it and last date refilled:

This information will be reviewed and we will call you to schedule your first visit.