New Patient Interview
Patients Age 18 - 100

Date:_____

Patient Name:_____ DOB:_____ Sex: M / F Race:_____

Address:_____ City:_____ ZIP:_____

Phone #_____ Email Address:_____ CareTaker:_____

Insurance:_____ Reason for Visit:_____

Ht: _____ Wt:_____ Last Blood Pressure:_____

Previous Physician:_____ Last Seen:_____

Pharmacy:_____ Home Health Agency:_____ Hospice:_____

DME used (mark any that apply): Wheelchair / Cane / Power Scooter / Stretcher / Hospital Bed

Chronic Illnesses Being Treated: _____

_____

_____

_____

Current Medications: _____

_____

_____

_____

Previous Surgeries / Hospitalizations: _____

_____

_____

_____

***Please be advised FHC will review the information obtained and will gain approval or disapproval from management before scheduling a new appointment.**

***You are advised that it is policy of FHC not to prescribe medications for chronic pain or psychiatric conditions.**

Signature:_____