

# Country Clinic

2 Etowah School Road, Etowah, NC 28729

phone 828.890.3200 | fax 828.890.3223

## New Patient Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Current Medical Problems: (please list them all) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: (please list them all including vitamins, supplements or over the counter medications) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have an urgent problem that you need to be seen soon for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where you referred by anyone? \_\_\_\_\_

If not, how did you find out about us? \_\_\_\_\_

Who is your current doctor or medical practice? \_\_\_\_\_

\_\_\_\_\_

Reason for leaving your current doctor or medical practice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU ARE SEEKING PAIN MEDICATION—

LOOK ELSEWHERE!

WE ARE NOT A PAIN CLINIC!

Office Use:	ACC _____	DNA _____
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