

New Patient Checklist

1. Have you had any Urine Tests, Blood Tests, or X-Rays done recently? _____

a) Where? _____

b) When? _____

2. Do you see any other physicians besides the doctor who referred you?

3. Are there any particular days or times that you **can not attend** an appointment?

Days: _____ Times: am or pm _____

4. Are you available on short notice to come to an appointment? _____

5. Do you have any alternative phone numbers that we may be able to reach you at besides the number we have listed? _____

6. Do you require special transportation that would need arranged prior to an appointment? _____

(If Nursing Home – They need to bring a family member)

7. Have you been hospitalized recently? _____

a) Where? _____

b) When? _____