

NEW PATIENT QUESTIONNAIRE

Before completing this form, please understand and agree to the following office policies:

- We do not treat conditions over the phone. You must be seen in person to be treated.
- All refill requests must be submitted to your pharmacy at least 1 week before needed.
- You will receive a return phone call during business hours within 24-36 hours of leaving an office message.
- All patients are expected to be respectful toward all staff.
- Patients seeking to establish care with TruPoint Physicians who fail to show for an initial appointment and have not called to cancel will not be rescheduled.
- **We routinely do not treat chronic pain. All controlled medications will be prescribed according to the guidelines of the Georgia Prescription Drug Monitoring Program.**

PERSONAL INFORMATION

Date: _____

Name: _____

Birthdate: _____

Address: _____

City/State: _____

Phone: _____

Cell: _____

HEALTH INSURANCE

Primary Insurance: _____

Secondary Insurance: _____

Do you have a primary physician: _____

If yes, why are you leaving? _____

Are you currently taking any prescription drugs for pain or nervous conditions: ☐ Yes ☐ No

If yes, please list: _____

Current pharmacy: _____

Current medical problems: _____

Current medications: _____

How did you hear about us? _____