



NEW PATIENT APPLICATION

Date: _____ Patient Name: _____ DOB: _____

Phone No: _____ Insurance: _____

Who is your current or last Primary Care Provider: _____ Do Not Have One

Reason for Leaving: _____

Medical History/Current Problem(s): _____

_____ OR None

Current Medications: _____

_____ OR None

*** To Prospective New Patient ***

It is our office policy NOT to accept any new patients who are taking controlled medications on a long term basis.

These include opioid pain medications such as hydrocodone, tramadol, oxycodone or any other opioids and benzodiazepines like diazepam (Valium) and lorazepam (Ativan). These medications are just a few examples since there are many others in these categories. If the use of a controlled medication becomes appropriate for you while you are our patient, it will be used on a short-term basis as needed.

Please provide an accurate medication list with your application. If you are accepted and your medical records indicate you are currently and chronically taking these medications, your appointment will be cancelled and you will be discharged from the practice. If you have any questions about these medications, please contact our office.

READ CAREFULLY: I agree that all the above information, in particular the medication and current problems, is accurate, true, and current as of the date listed below. I understand that if I have not provided accurate information or have failed to include important medical information on this form, I will be discharged from the practice.

Signature: _____ Date: _____ Requested Provider: _____

**** The New Patient Application form may be returned to the front desk staff at our office, faxed to (864) 888-3618 or e-mailed to frontoffice@upstatedemed.com *****

FOR OFFICE USE ONLY

Accept as a new patient: Yes No Notified Patient by: Phone Face to Face Other: _____

Date Contacted: _____ Appointment Made: Yes No

Appt Date/Time: _____ Provider: Dr. Jared Richardson Nancy Smith, FNP-C
 Jessica Jones, PA-C Ali Lawing, FNP-C