UPSTATE
Medical Associates, P.A.

15575 Wells Hwy
Seneca, SC 29678
Ph: (864) 886-2000
Fax: (864) 888-3618

NEW PATIENT APPLICATION

(please print clearly)

Name:_____ DOB: _____

Phone #: _____ 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

Requested Provider: ☐ Jared Richardson, MD ☐ Nancy Smith, FNP ☐ Jessica Jones, PA ☐ Ali Lawing, FNP

How did you hear about Upstate Medical Associates, P.A?

☐ Newspaper ☐ Online (Social Media, Google, etc) ☐ Referred by: _____
☐ Other (Please Specify): _____

***** READ CAREFULLY BEFORE SIGNING *****

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.

I agree that all the above information, in particular the medications and current problems, is accurate, true, and current as of the date 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 immediately discharged from the practice.

Signature: _____ Date: _____

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

FOR OFFICE USE ONLY

In PREX 5: ☐ Yes ☐ No **Balance:** _____ **Previously DC:** ☐ Yes ☐ No ☐ NA

Accept: ☐ Yes ☐ No **Provider Initials:** _____

Date(s) Contacted: _____

Notified By: ☐ Phone ☐ F2F ☐ Email ☐ Other: _____

Appt Made: ☐ Yes ☐ No **If No, why**: _____

New Pt Appt Date/Time: _____