



**Family Tree Medical New Patient Request Form
(Complete one per family member please)**

We are NOT accepting Medicaid as primary or secondary insurance.

For: **Team Carlson** Dr. R. Troy Carlson & Kathy Carlson CFNP
 Team Garber Dr. Matthew Garber & Brenda Nynehuis CFNP

Date: _____ Patient Name: _____

Patient Date of Birth: _____

Person completing the form: _____

Patient's Address: _____

City & Zip code: _____

Patient's phone: _____

Alternative phone: _____

Primary Insurance: _____

Secondary Insurance: _____

Current Physician: _____

Reason for Transfer: _____

Do you have relatives seen in this practice? _____

Name: _____ Relationship: _____

New to area Insurance purposes HRT only

Closer to home than current Dr. _____ Other: _____

Please list your daily medications: _____

Medical History: Diabetes Heart Disease High Cholesterol

Hypertension Anemia Other: _____

Depending on your medical concerns, you can expect to be seen within 60 day from acceptance into the practice. If you are accepted and the information on this form varies significantly from your medical records or insurance information Family Tree Medical Associates reserves the right to decline you as a patient.

For office use only:

Accepted as a new patient? Yes No Dr. Initials/Date: _____
Receptionist: _____ Response to patient: _____