



## *Getting to know you...*

Thank you for your interest in Hastings Internal and Family Medicine, a “Patient-Centered Medical Home.” Our staff is committed to providing quality personal service to all of our patients. Hastings Internal and Family Medicine does not discriminate on the basis of age, race, gender or medical insurance, although we do not participate with all insurance plans.

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Please answer the questions on the following page to let us know more about you. Completion of this and the registration form does *not* guarantee acceptance into the practice, and does *not* create a physician-patient relationship. Information you provide will be shared only with your permission.

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We are looking forward to serving you! Your first appointment will be a “get-acquainted” visit to complete your medical record and identify your health needs.

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Pharmacy checks are completed on all new patients to verify prescriptions of controlled medications.

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If you need help completing this form, notify one of our staff and we will be happy to assist you.

# General information

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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Who referred you to Hastings Internal and Family Medicine?

\_\_\_\_\_

Why are you looking for a new medical provider?

\_\_\_\_\_

How many times have you visited the emergency department in the past 12 months?

\_\_\_\_\_

List the names of all doctors including specialists that you have seen in the past 12 months:

_____	_____
_____	_____
_____	_____
_____	_____

List all your medications and doses - (include prescriptions, over-the-counter meds and supplements):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List your current health problems:

List previous surgeries, with approximate dates:

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Who assists you with your health care needs (if anyone):

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If there was one most important health problem we could help you with, what would it be?

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<b>Contact and insurance information:</b>	
Home Phone	Cell Phone
Home Address	
Email Address	
Employer	
Primary Insurance Name	
Policy Holder Name	Date of Birth
Contract #	Group #
Secondary Insurance Name	
Policy Holder Name	Date of Birth
Contract #	Group #