



135 N. Ewing St., Suite 305, Lancaster, OH 43130
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NEW PATIENT APPLICATION

Please fill in and return completed form to Fairfield Internal Medicine, Attn: Hallie

Patient's Name _____ DOB _____

Address _____

SS#: _____ Male Female Married Single Widowed Divorced

Phone# _____ Referred by _____

Physician Requested: Dr. Abidin Dr. Nickison
 Dr. M. Murray Dr. Riffle First Available

Preferred Appointment Time: Morning Afternoon Day of Week _____

•Primary Insurance _____

•Secondary Insurance _____

•Cardholder/Member Name _____ DOB _____

•Are you on Disability? YES NO

•Do you have any Worker's Compensation-related medical issues? YES NO

•Medical Conditions _____

•Current Medications _____

[USE BACK OF APPLICATION IF NEEDED]

*Current Primary Care Doctor: _____

*Doctors you've seen in the past 5 years: _____

*Have you ever been dismissed by a doctor? No Yes

If yes, reason why and when: _____

Patient Signature _____
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FOR OFFICE USE ONLY:  New Patient Info Sent  Patient to Pick Up

Appointment Date, Time, Doctor \_\_\_\_\_