



135 N. Ewing St., Suite 305, Lancaster, OH 43130  
Phone 740-681-9447 \* Fax 740-681-9966  
www.fairfieldinternal.com

## NEW PATIENT APPLICATION

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

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

SS# \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced

Phone# \_\_\_\_\_ Referred by \_\_\_\_\_

Physician Requested: \_\_\_ Dr. Abidin \_\_\_ Dr. Nickison \_\_\_ Dr. Murray \_\_\_\_\_  
\_\_\_\_\_ First Available

Preferred Appointment Time: \_\_\_ Morning \_\_\_ Afternoon Day of Week \_\_\_\_\_

Local Pharmacy \_\_\_\_\_ Mail Order Pharmacy \_\_\_\_\_

**Please send a copy of your insurance card with this application**

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? \_\_\_ Yes \_\_\_ No

If yes, reason why and when: \_\_\_\_\_

How did you hear about our office? \_\_\_ Newspaper \_\_\_ Website \_\_\_ Friend \_\_\_\_\_ Other

Patient Signature \_\_\_\_\_

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

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