

New Patient Questionnaire

Name of patient: _____ Phone number: _____

Date patient called/requested: _____

1. How did you hear about PIFC: _____

Referred by _____ on line _____ phone book _____ walk in _____

2. Requesting: (please check one)

_____ Marla Ullom-Minnich, M.D.

_____ James Ratzlaff, M.D.

_____ Paul Ullom-Minnich, M.D.

_____ Kathryn Hayes, M.D.

_____ Annie Fast, M.D.

_____ G. Aron Fast, M.D.

3. Who is your current Health Care Provider: _____

4. Are you currently taking or have taken any controlled meds? Yes or No _____

_____ Norco/Hydrocodone

_____ MS Contin/Morphine

_____ Ritalin

_____ Percocet/Oxycodone

_____ Fentanyl

_____ Adderall

_____ Xanax

_____ Lorazepam

_____ Suboxone

_____ Concerta

_____ Other _____

5. Are you taking other medications? If yes, what do you take and why?

6. What insurance(s) do you have?

Primary: _____

Secondary: _____

7. Health History _____

