

Tri-County Family Medicine Associates, PC
1 School Street, Suite 107
Gowanda, New York 14070

Phone 716-241-7067
Fax 716-241-7197

REQUEST TO BECOME A NEW PATIENT
(a form must be completed for each individual)

NAME: _____

STREET ADDRESS: _____

CITY: _____

INSURANCE (NAME) _____ PLAN NAME _____

INSURANCE #: _____

SS# _____

PHONE (HOME) #: _____ CELL# _____

DOB: _____

MEDICATIONS:

NAME:	DOSE:	TIMES PER DAY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL PROBLEMS:

ANY OPEN COMPENSATION CASES?: YES OR NO (CIRCLE ONE)

WHO WERE YOU SEEING: _____

WHO REFERRED YOU: _____

TRI-COUNTY FAMILY MEDICINE promotes preventative healthcare. Therefore we require all of our patients to be seen for a yearly physical exam. We also expect patients to obtain all labs, x-rays and any other orders given to them by the provider for screening or diagnostic purposes..

You may email your request to TCFMPC@HOTMAIL.COM or mail to

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