NEW PATIENT REQUEST FORM

John B. Crider, M.D., LLC
Family Medical Clinic, Arab, AL
(256) 586-4127

Complete form and deliver to office, or mail to Family Medical Clinic 1170 North Main Street Arab, AL 35016, or fax to (256) 586-0535, or email fmcarab@gmail.com

Name: **Date:**

Age:

Phone Number:

What is the reason you need to be seen by Dr. Crider (Urgent, Routine check-up, etc.)?

List your Chronic Medical Problems:

List ALL of your medications *(especially Pain medications, Nerve medications, and Sleeping pills):*

Who is your present Family Doctor?

Why are you changing doctors?

How did you find out about Dr. Crider (family, friend, employer, another doctor, internet, Google, Yellow Pages)?

List family or friends who see Dr. Crider

I**nsurance:** Primary: Secondary:

Co-pay: Deductible:

General Information: We file most insurances
Co-pay and/or deductible are due before being seen when checking in
Bring ALL medication BOTTLES and medical records that are available