



Clinton Medical Clinic

403 Fairview Street

Clinton, NC 28328

(910) 592-6011 (910) 592-8019

Formade Informacion Para Paciente Nuevo

Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Doctor de Preferencia: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Seguro: \_\_\_\_\_ Empleador: \_\_\_\_\_

Doctor Actual: \_\_\_\_\_ Visto Previamente En CMC? Y/N --> CMC MD: \_\_\_\_\_

Miembros de la Familia En CMC: \_\_\_\_\_

Razón Por el Cambio: \_\_\_\_\_

Problemas Médicos:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Cirujía Importante:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Medicamentos:

\*\*\*\*\* For CMC office use only \*\*\*\*\*

Step 1 --> Return to CMC Business Office:

- Check with Business Office regarding previous balance. All previous balances must be paid out prior to accepting patient.
- Please Check --> Zero Balance: \_\_\_\_\_ Outstanding Balance of: \_\_\_\_\_

Step 2 --> MD/PA/NP Review:

Step 3 --> Contact Patient:

- Accepted (No Outstanding Balance)/Declined: Nursing staff to contact patient.
- Accepted With Outstanding Balance: Nursing staff to forward form to appropriate Account Rep who will contact patient.

Patient Contacted --> Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Step 4 -->

Appointment Scheduled for : \_\_\_\_\_