

# New Patient Inquiry



403 Fairview Street  
Clinton, NC 28328  
910-592-6011 (P)  
910-592-0319

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Requested MD/PA/NP \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_ Employer: \_\_\_\_\_

Current Provider: \_\_\_\_\_ Seen Previously @ CMC?: Y/N → CMC MD: \_\_\_\_\_

Any Family Members @ CMC: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

### Medical Problems:

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

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

### Major Surgery:

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

### Medications:

\*\*\*\*\*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:** \_\_\_\_\_