

Family Physicians of Spartanburg
New Patient Questionnaire

Which provider are you requesting? Mark A. Knipfer, M.D. Mark L. Miles, M.D. Lee B. Taylor, M.D. Stephen A. Yost, M.D.
Douglas L. Wiley, D.O. Kevin D. Boyter, NP Lisa Colasurdo, NP

Patient Information

| | | | |
|--|----------|---|-------------|
| Last Name | | First Name | |
| Middle Initial | | Alternate Name? | |
| Street Address | | Birth Date | |
| Suite/Apt # | | Sex (M/F) | |
| City | | Marital Status | |
| State | Zip Code | Social Security # | |
| Home Phone | | Cell Phone | |
| Work Phone | Email | Student? (Y/N) | |
| Type of Insurance? | | Co-pay? | Deductible? |
| How were you referred to our practice? | | | |
| Does anyone in your family see one of our providers? _____ If so, provide full name: | | | |
| Will we be seeing your entire family? _____ If no, why not? | | | |
| What primary care physicians have been treating you before now? | | | |
| Why are you changing physicians? | | | |
| Date of last physical ____ / ____ / _____ | | Date of last office visit ____ / ____ / _____ | |
| Any allergies? | | | |
| List any medications you are currently taking. | | | |
| List any operations, hospitalizations, fractures, accidents, or injuries in the past five years. | | | |
| What is the current reason that you want to be seen? | | | |
| <i>We require a complete physical on anyone 35 years or older and well child checks for children on your first visit. Follow-up and on-going medical care is very important with both routine and urgent problems. We feel that treating and getting to know all members of a family give insight into acute and chronic problems and provides continuity of care.</i> | | | |
| FOR OFFICE USE ONLY: | | | |
| Date called: _____ | | TKYMW _____ initial | |
| By whom: _____ | | Nurse practitioner ___K___L | |
| | | ____CPX _____Visit | |



