



37 South 2nd East
Rexburg, ID 83440
(208) 356-0234
www.seasonsmedical.com

FAMILY MEDICINE NEW PATIENT FORM

Welcome to Seasons Family Medicine. As a new patient, please complete the following information to the best of your ability.

PATIENT'S FULL NAME: _____ BIRTH DATE: _____ SS #: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHYSICAL ADDRESS (If different than mailing): _____
HOME PHONE: _____ CELL PHONE: _____
WORK PHONE: _____ EMAIL: _____ SEX: _____
SPOUSE'S FULL NAME: _____ BIRTH DATE: _____ SS #: _____

GUARANTOR INFORMATION (IF DIFFERENT FROM PATIENT)

GUARANTOR'S FULL NAME: _____ BIRTH DATE: _____ SS #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHYSICAL ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____ SEX: _____
CELL PHONE: _____ EMAIL: _____

EMERGENCY CONTACT (Not You Or Your Spouse)

NAME: _____ RELATIONSHIP TO PATIENT: _____ PHONE: _____

INSURANCE INFORMATION

PRIMARY INSURANCE: _____ POLICY #: _____ GROUP #: _____
POLICY HOLDER: _____ RELATIONSHIP TO PATIENT: _____ SS #: _____
SECONDARY INSURANCE: _____ POLICY #: _____ GROUP#: _____
POLICY HOLDER: _____ RELATIONSHIP TO PATIENT: _____ SS #: _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on any claim. I assign the benefits payable to which I am entitled, including Medicaid, private insurance and other health plans, to Seasons Medical and authorize the practice to appeal on my behalf any incorrect insurance payment. This assignment will remain in effect until revoked by me in writing. I have also had the opportunity to review the Notice of Privacy Practices available at the clinic's front desk, and on the clinic's website, and been provided an opportunity to ask questions.

SIGNATURE: _____ DATE: _____

NONDISCRIMINATION CIVIL RIGHTS

Seasons Medical complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: Seasons Medical cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Chinese: Seasons Medical 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。



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CURRENT MEDICAL PROBLEMS:

CURRENT MEDICATIONS:

ALLERGIES OR SENSITIVITIES:

WORK HISTORY:

Are you currently employed? Yes No

Present type of work _____

In your work are you exposed to:

- Harmful toxins
- Extremes in temperature
- Heavy lifting
- Undue stress, pressure
- Other _____

FAMILY MEDICAL HISTORY:

	Age(s)	GOOD	POOR	DECEASED
Father	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brothers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisters	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ILLNESS(ES):

CAUSE(S) OF DEATH:

Check if anyone in your family has had the following illnesses or problems. List which family member it was.

- Allergies _____
- Diabetes _____
- Asthma _____
- Cancer _____
- Eczema, Rashes _____
- Epilepsy _____
- Mental Illness _____
- Phlebitis _____
- Thyroid _____
- Lung _____
- Heart Disease _____
- Liver _____
- Kidney _____
- Depression _____
- Anemia _____
- Eye _____
- Cholesterol _____
- Stomach _____
- Alcohol or Drugs _____
- High Blood Pressure _____
- Hereditary Disease _____
- Other _____