

Office Use Only:
Date of consult: _____
Nurse: _____
Date of CPE: _____

Bartels Medical Associates, PLLC
MEDICAL WEIGHT CONTROL
204 ASHVILLE AVENUE SUITE 50 CARY, NORTH CAROLINA 27518
TELEPHONE (919)233-6644 FACSIMILE (919)233-8344
WWW.BARTELSMEDICAL.COM

NEW PATIENT INFORMATION

DATE: _____

PATIENT'S NAME: _____
LAST FIRST MIDDLE INITIAL

AGE: _____ SEX: _____ DATE OF BIRTH: _____

MARITAL STATUS (CIRCLE ONE) SINGLE MARRIED WIDOW WIDOWER SEPARATED DIVORCED

ADDRESS: _____ TELEPHONE # _____
OK TO LEAVE MESSAGE? Y N

CITY: _____ STATE: _____ ZIP CODE: _____ CELL # _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ TELEPHONE # _____

SPOUSE'S NAME: _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ TELEPHONE # _____

DOCTOR WHO REFERRED YOU: _____

IF NOT REFERRED BY A DOCTOR, HOW DID YOU HEAR ABOUT US? _____

DRUG & FOOD ALLERGIES: _____

CURRENT MEDICATIONS: _____

PAYMENT IS DUE AT THE TIME OF SERVICE.

I ASSUME RESPONSIBILITY FOR THIS ACCOUNT.
I CERTIFY THAT NONE OF THESE CHARGES WILL
BE REIMBURSED BY MEDICARE OR MEDICAID.

SIGNATURE