

# Family Physicians of Lima

2875 W. Elm St.  
Lima, OH 45805  
(419) 991-7805

We are taking new patients as our schedule allows, however, we need some information from you first. Please complete the following and mail back to our office. Thank you for considering Family Physicians of Lima as your health care provider.

Today's Date: \_\_\_\_\_

*\*We are not accepting new patients who use tobacco.*

*\*We are not accepting new patients who are taking narcotic or controlled drugs.*

*\*We are not Medicaid Managed Care providers; therefore we are not accepting new Medicaid patients.*

*\*We \_\_\_\_\_ are \_\_\_\_\_ are not accepting new Medicare patients.*

**Do not apply if any of above apply to you.**

Patient's Name: \_\_\_\_\_ Male Female

Email address: \_\_\_\_\_

Patient's Address: \_\_\_\_\_  
Address City State Zip Code

County: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Patient's Birthdate: \_\_\_\_\_ Social Security # \_\_\_\_\_ S M W D

Other family members that we see or will see?: \_\_\_\_\_

**Primary Insurance Company:** \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy Holder's DOB: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Co-pay \$ \_\_\_\_\_

If you have Secondary Insurance, please inform the front receptionist.

Person responsible for bill if other than yourself: \_\_\_\_\_

Relation: \_\_\_\_\_ Best # to reach responsible party: \_\_\_\_\_

Address of responsible party: \_\_\_\_\_

## PATIENT HISTORY

Past medical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hospitalizations within the last 5 years: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

(OVER)



