**Cortland Health Center**

1259 Fisher Avenue

Cortland, NY 13045

New Patient Information

Today's Date:

Name: DOB:

If patient is under 18, parent's or guardian's name:

Address:

Primary Telephone Number:

Insurance: Primary Coverage:

Secondary Coverage:

Insurance ID:

**FOR OFFICE USE**

Insurance Verified: Yes or No Date:

Medical Problems:

Current Medications:

Narcotics:

Previous Primary Care Physician:

Which Provider would you like to see?

**Dr. Lynn Cunningham Dr. Matthew Noble Dr. Anthony DiGiovanna**

**Ashley Barnard, PA Charles Eaton, NP Kim Kelchner, NP**

How did you hear about the office?

Do you have family members seen here? If so, who?

**Office Use Only**

Have you checked the computer to see if the patient is in the system? Yes No

IF PATIENT HAS A PRIOR ACCOUNT SEND EMAIL TO JENNA AND SHARON FOR SIGNATURE AND THEY WILL FORWARD TO THE PROVIDER REQUESTED.

Okay to schedule appointment? Yes No Doctor's Initials:

Name of secretary who took information:

Appointment Date: Packet Sent: Account #

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J. RITER DATE

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S. WHITE DATE