

**Cortland Health Center
1259 Fisher Avenue
Cortland, NY 13045**

New Patient Information

Today's Date: 00/00/0000

Time of Call: --:--

Name: _____

DOB: _____

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

Address: _____

Primary Telephone Number: _____

Insurance: Primary Coverage: _____

Secondary Coverage: _____

Insurance ID: _____

Insurance Verified: Yes or No Date: 00/00/0000

Medical Problems: _____

Current Medications: _____

Narcotics: _____

Previous Primary Care Physician: _____

Which Provider would you like to see? Dr. Lynn Cunningham Dr. Cindy Johnson

Ashley Barnard, PA Nikkie Strauf, NP

Dr. Matthew Noble Dr. Anthony DiGiovanna

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

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

Name of secretary who took information: _____

Appointment Date: 00/00/0000 Packet Sent: _____

Account # _____