

## **New Patient Appointment**

Shamika Hall, Ph.D., L.P.  
526 W. Centre, Portage, MI 49024

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

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Gender: Male /Female DOB: \_\_\_\_\_

What is the best phone number to reach you? \_\_\_\_\_

Is it okay to leave a message? Yes or No

What is the reason for your visit? \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Is this referral from another physician's office? Yes or No Referred by: \_\_\_\_\_

Have you or anyone in your family been seen by Dr. Hall before? Y/N, If yes, approximately when was that? \_\_\_\_\_ Name of your primary care physician? \_\_\_\_\_

I will be paying with (*place a "X"*): Cash \_\_\_\_\_ Debit/Credit Card: \_\_\_\_\_

Health insurance that will be billed for your visit: Yes or No or Combination (Client/Insurance)

Primary Insurance \_\_\_\_\_

Policy holder's (PH) name: \_\_\_\_\_ DOB \_\_\_\_\_

Insurance ID: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone # for benefits: \_\_\_\_\_

Policy # \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insured ID number \_\_\_\_\_

Insured Social Security Number \_\_\_\_\_

### **Pain Management**

Is the injury related to automobile \_\_\_\_\_, work-related \_\_\_\_\_, or personal accident \_\_\_\_\_?

Date of injury \_\_\_\_\_

Please go to our website at [dr.shamika.com/new-patient/health-history-form](http://dr.shamika.com/new-patient/health-history-form) to print out new patient paperwork.

If you are unable to fill out the paperwork prior to your visit, please arrive at our office 30 minutes before your appointment time. Your first visit will take around 60 minutes. Please bring your photo ID and insurance card.

If your insurance has a co-pay, it is also due at the time of the visit.

Thank you for calling. We look forward to meeting you at \_\_\_\_\_ on \_\_\_\_\_.