

New Patient Checklist

Your appointment date: _____

Your appointment time: _____

To do before the first appointment:

- Call insurance company and verify coverage
- Fill out all the applicable new patient forms
 - Past medical history form, 3 pages
 - Pain diagram (if applicable)
 - Patient registration form, 1 page
 - Agreement for controlled substances (signature only), 1 page
 - Notice of privacy practices (signature only), 1 page
 - Assignment of benefits, 2 pages
(Complete this form **ONLY** if you are being seen for a work injury or personal injury, like an auto accident)

Bring with you the day of your first appointment:

- Completed forms
- Prescription bottles of all current medications from all providers
- Driver's license or photo ID, only if license is not available
- Insurance card(s)
- Payment for co-pay and/or deductible