



405 Momany Drive
 St. Joseph, MI 49085
 Phone: 269-982-1947
 Fax: 269-982-1950

Edgewater Family Health, PLC

New Patient Questionnaire

NAME: _____ DOB: _____

PHONE #: _____

Email: _____ **(Packet will be emailed directly after approval)**

Requested NEW Physician : Dr. Brian Doyle Dr. Matthew J Campbell
 Dr. Sigita Alimenti

INSURANCE COMPANY: _____
 (Our staff will need to copy your current insurance card as well as your driver's license or passport)

INSURANCE COVERAGE THROUGH:

Employer Medicaid
 Insurance Marketplace Other, Please Specify _____

INSURANCE COVERATE EFFECTIVE DATE: _____

PREVIOUS PRIMARY CARE PHYSICIAN: _____

REASON FOR LEAVING THAT PRACTICE: _____

**Please list any medications you are currently taking, if any:
 (Use the back of this sheet if needed)**

1. _____
2. _____
3. _____
4. _____

**Please LIST ALL OF THE SPECIALISTS YOU ARE PRESENTLY SEEING:
 (Please include your ophthalmologists/optometrist if available. Use the back of this sheet if needed.)**

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |