

INFECTIOUS DISEASE SPECIALISTS

A Service of Marquette General Health System
1414 W. Fair Avenue • Suite 111 • Marquette, Michigan 49855-5404
Telephone 906-225-7601 • FAX: 906-225-7453

NEW PATIENT FORM

Responsible Party: _____ SS#: _____

Patient's Name: _____

Address: _____

(Street)

(City)

(State)

(Zip Code)

Insurance: _____

Birthdate: _____

Phone Number (Home): _____ (Work): _____ (Other) _____

Referring Physician: _____

Address: _____

Phone: _____ FAX: _____

Problem: _____

X-rays or Lab before: Yes No. If yes, please bring.

Pt. in wheelchair

Appointment: _____

Pt. on stretcher

Bring all medications.

Pt. #: _____

Quadriplegic/
Easy lift needed

Pt. info sent: Yes No.

Come in early to do paperwork if patient info not sent.

Other special restrictions

