Welcome to SAGE Family Medicine Associates, PA New Patient Application

524 East Nopal Street Uvalde, Texas 78801	Phone:830-278-4588 Fax:830-278-4895
Please Check One Below:	Date:
☐ Dr. Kevin Uptergrove	Name
☐ Dr. David White	Address:
□ Dr. Erika Garcia	Phone #:
	D.O.B://
	Insurance:
PLEASE COMPLET	
IF EXTRA SPACE IS NEEDED PLE	ASE ATTACH AN EXTRA SHEET
◆ Personal Information	
WHERE ARE YOU FROM?; HOW	DID YOU HEAR ABOUT US?
REASON FOR APPLYING:	
PRENATAL CARE	
Previous Name of Physician:	
□ TRANSFER CARE	
Previous Name of Physician:	
REASON FOR LEAVING:	
□ ESTABLISH CARE	
♦ <u>Medical Information</u>	
NATURE OF PROBLEMS:	
OUDDENIE OD DAGE HEAT EIL DDODL EMC EILATE AD	DI V TO VOL
CURRENT OR PAST HEALTH PROBLEMS THAT AP	
□ ARTHRITIS □ KIDNEY DISEASE □ TH	
	ROKE
☐ DEPRESSION ☐ LUNG DISEASE	
□ SURGERIES:	
ARE YOU PREGNANT: ☐ YES ☐ NO HOW MANY	
Have you obtained care for this pregnancy: ☐ YES ☐ I	
If yes, name of physician:	
NUMBER OF PREGNANCIES:; NUMBER OF LIVE BIRTHS:	: NUMBER OF LIVING CHILDREN: : LAST PERIOD:
CURRENT MEDICATIONS & DOSAGE	
Medication	Dosage
CURRENTLY ON NO MEDICATION	
♦ Preventive health	
TOBACCO USE: how much?, if	quit when? used for years total
ALCHOHOL USE: how much?, if	
DRUG USE: which drugs have you used?	
Type of frequency of EXERCISE:	; Describe DIET
♦♦♦♦♦♦♦♦♦♦♦♦♦ FOR OFFICE U	
ACCEPTED:DECLINED:	OILL TOTAL OF THE OFFICE OFFIC
	
DATE NOTIFIED: EMPLOYEES NAME:	TIME:
COMMENTS:	
DOCTOR'S SIGNATURE: DATE	: