Welcome to SAGE Family Medicine Associates, PA
New Patient Application

1020 E. Leona Road Uvalde, Texas 78801 Phone:830-278-4588 Fax:830-278-4895

Please Check One Below:
☐ Dr. Kevin Uptergrove
☐ Dr. David White
☐ Dr. Erika Garcia

Date:_____
Name_____
Address:_____
Phone #:_____
D.O.B:_____/_____/_____
Insurance: _____

PLEASE COMPLETE ENTIRE FORM
IF EXTRA SPACE IS NEEDED PLEASE ATTACH AN EXTRA SHEET

Personal Information

Where are you from? _____; How did you hear about us? _____
Where do you work? _____

Reason for Applying

☐ PRENATAL CARE
☐ ESTABLISH CARE
☐ TRANSFER CARE
Previous Name of Physician: _____
Reason for Leaving: _____
☐ OTHER_____

Medical Information

Nature of Problems: _____
_____

Current or Past Health Problems that apply to you

☐ ANXIETY	☐ HEART DISEASE	☐ OSTEOPOROSIS	☐ OTHER: (please specify below)
☐ ARTHRITIS	☐ KIDNEY DISEASE	☐ THYROID	_____
☐ CHRONIC PAIN	☐ LIVER DISEASE	☐ STROKE	_____
☐ DEPRESSION	☐ LUNG DISEASE		_____

☐ SURGERIES: _____

ARE YOU PREGNANT: ☐ YES ☐ NO HOW MANY WEEKS: _____
Have you obtained care for this pregnancy: ☐ YES ☐ NO
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 quit, when?_____, used for _____ years total
DRUG USE: which drugs have you used?_____, IV use? ☐ yes; ☐ no; Last use?_____
Type of frequency of EXERCISE: _____; Describe DIET _____

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ACCEPTED:_____DECLINED:_____

DATE NOTIFIED:_____ EMPLOYEES NAME:_____ TIME:_____

COMMENTS: _____
_____

DOCTOR'S SIGNATURE: _____ DATE: _____