

## New Patient Waiting List Registration Form

Date: \_\_\_\_\_

If you are interested in becoming a patient at **LAWRENCE FAMILY MEDICINE**, please fill out this form and return to our office or mail to 3650 College Ave, Conway, AR 72034. We will add you to our waiting list file.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

Reason you are wanting to be seen in our clinic: \_\_\_\_\_

Current Medical Problems: \_\_\_\_\_

Current Medications (**list all medications and dosage**): \_\_\_\_\_

Referred by: \_\_\_\_\_

Thank you for your interest in becoming part of our clinic.

- **Please note that this form will be placed on our patient waiting list. Due to a high volume of new patient requests, response time could take up to 10 business days.** In the meantime, if you are needing to be seen for acute illness, or injury there are several walk-in clinics in the Conway area.
- **Please note that new patient applications are only kept for 90 days.** If an appointment is not scheduled during that time, you will need to submit a new patient waiting list registration form.