



*Uvalde Family Practice Assn.*

1800 Garner Field Road • Uvalde, TX 78801 • PH (830) 278-4453 • FAX (830) 278-3427

**New Patient Application**

Please fill all the information completely, return back to UFPA or fax to 830-278-3427

Primary Care Physician: Cecilia Jo Murillo, M.D. Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female

Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

Previous Doctor(s): \_\_\_\_\_

Medication(s): \_\_\_\_\_

Nature of Problem(s): \_\_\_\_\_

Pregnant:  Yes  No If yes, how far along? \_\_\_\_\_

Insurance: \_\_\_\_\_  
Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_  
Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Are you related to anyone being seen in the practice? \_\_\_\_\_

For New Patient Children Applications Only:

I do agree to vaccinate my child according to CDC recommendations.

I refuse to vaccinate my child according to CDC recommendations.

<b>For Office Use Only</b>		
<input type="checkbox"/> Medical Records Requested	<input type="checkbox"/> Before Being Seen	<input type="checkbox"/> Before Being Accepted
Accepted: _____	Declined: _____	Date Notified: _____
Comments: _____		
Physician Signature: _____ Date: _____		
**Shot records will be requested on New Patients <20 years of age**		