



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: _____

Mailing Address: _____

Previous Doctor(s): _____

Nature of Problem(s): _____

Pregnant: Yes No If yes, how far along? _____

Insurance: _____

Policy # _____ Group# _____

Secondary Insurance: _____

Policy # _____ Group# _____

- Copy of Insurance Card(s) required
 Copy of Shot Record required for patients <21 years of age
 List of Medication(s) required

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.

For Office Use Only
 Medical Records Requested
 Medication List Completed
 Before Being Seen
 Shot Record Provided
 Before Being Accepted
 Copy of Insurance Card(s)
Accepted: _____ Declined: _____ Date Notified: _____
Comments: _____
Physician Signature: _____ Date: _____

