

Wood Family Medicine

2108 Lumber Ave, Ste 6, Wheeling WV 26003 (304)780-6958 or Woodfamilymedicine@gmail.com

New Patient Request/ Fill out and return to WFM or Email

PRINT Full Name: _____ Phone: (____) _____ - _____

D.O.B: ____/____/____ Leave Messages: Yes / No

Address: _____

Pharmacy: _____ Previous Doctor: _____

Insurance: _____

Plan Type: Self-Funded, Employer, State Issued Employer: _____

List ALL Medical Problems You Have:

_____	_____
_____	_____
_____	_____

List the medications you have taken in the last six months (failure to do so may result in automatic discharge from WFM)

_____	_____
_____	_____
_____	_____

If you do not hear from WFM in 5 business days then you have not been selected as a patient. Thank you for your cooperation.

Office use only below this line

Approved: Yes / No Doctor Requests to speak to patient: Yes / No

Doctor Requests to Speak with Previous Doctor: Yes / No

Called: ____/____/____ Scheduled New Appt: ____/____/____

