

APPLICATION TO BE A PATIENT AT GOSHEN MEDICAL PRACTICE

My name is Dr Dicky Bhagat and on behalf of the staff and myself at Goshen Medical Practice, I thank you for taking the time to read about our practice.

We are an Internal Medicine Practice and accept patients 18 years of age and older. We take pride in our motto "Different; Better, Period." We have been providing quality care in Goshen since 2001 and have a very dedicated staff who takes pride in their work and patient care is our top priority.

To help speed up the process of being accepted as a patient at our practice, we ask that you answer the following questions and email us the form at nurse@goshenmd.com. Our staff will review the answers with me and get back to you promptly. This helps us in providing better care.

Please note we are not contracted with Medicaid and HIP plans.

Name: (First name –Middle initial – Last name)

Cell phone:

Date of Birth:

Home phone:

Address:

Insurance: (Name of the insurance with ID number and Group number)

Any secondary insurance:

Name of the insured (If it is not you):

Pharmacy used:

Emergency contact:

How did you hear about us:

Previous Physician:

The reason you are wanting to switch care:

Last visit at the previous physician:

Last blood work:

Current medical conditions:

Any surgeries:

Are you taking any prescription medications: (Yes / No)

If yes what are the medications you are taking:

Any other issues/concerns: