



502 Madison Oak, Suite 210
San Antonio, TX 78258
P: 210-481-3000
F: 210-496-0042

Melinda McFarland, MD
Maternal-Fetal Medicine, Genetics

Ashley Parker, MD
Maternal-Fetal Medicine

John Hardy, MD
Maternal-Fetal Medicine

NEW PATIENT FORM

Patient Information

Name: _____ DOB: ____/____/____
Phone #: _____ SS Number: _____
Address: _____

Services Requested (Please check all that apply)

- Preconception Consultation
Ultrasound with Consultation
Diabetic Management
First Trimester Screening

Patient EDD: ____/____/____

Patient Diagnosis: _____

Referring Physician: _____ Phone #: _____
Contact Name: _____ Fax #: _____

Insurance

Insurance Information (Please fill out all of insurance info or send legible copy of Patient Insurance Card/Demo Page)
*** ALL HMO PLANS REQUIRE AUTHORIZATION FROM INSURANCE BEFORE SCHEDULING APPOINTMENT***

Primary Insurance:

Patient's Insurance Name: _____
Insurance ID #: _____ Insurance Group #: _____
Policy Holder Name (if not patient): _____
Policy Holder DOB: ____/____/____ Relationship to Patient: _____

Secondary Insurance:

Patient's Insurance Name: _____
Insurance ID #: _____ Insurance Group #: _____
Policy Holder Name (if not patient): _____
Policy Holder DOB: ____/____/____ Relationship to Patient: _____

PERINATAL ASSOCIATES STAFF ONLY

Form area for staff use containing fields for Date Received Referral, Employee Name, New Patient/Established Patient status, Appointment Date/Time, Notes, and New Patient Paperwork status (Mailed/Emailed).