



1101 N Main St  
McPherson, KS 67460

New Patient Request Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone No: \_\_\_\_\_

Insurance: \_\_\_\_\_ Previous doctor: \_\_\_\_\_

Reason for switching: \_\_\_\_\_

Health problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other family members who want to establish and DOB: \_\_\_\_\_

\_\_\_\_\_ Same insurance? \_\_\_\_\_

Currently pregnant or plan pregnancy soon? \_\_\_\_\_

If children, up to date on vaccinations? \_\_\_\_\_ If not, do you plan to vaccinate? \_\_\_\_\_

Please return completed form to [drchennell@gmail.com](mailto:drchennell@gmail.com), fax to 888-263-5552, mail or drop off  
in-person to 1101 N Main St.