



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? _____

How did you find our clinic? _____

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