



*Internal Medicine Associates of Gastonia, PA*

Dr. Jaime Villarreal, M.D.

Dr. Kelly Shedd, M.D.

Harold Fite, PA

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NEW PATIENT REQUEST FORM

PATIENT DEMOGRAPHICS

Patient name (as it appears on insurance card): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

PRIMARY INSURANCE

Insurance carrier: \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber relationship: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

MEDICAL HISTORY

Please list all current prescription medications

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In the last 6 months have you been treated for chronic pain?  Yes  No

Previous Primary Care Provider: \_\_\_\_\_

**Physician Preferences**

Dr. Villarreal  Dr. Kelly Shedd  Harold Fite, PA  First Available

*The above information is true to the best of my knowledge.*

*Failure to disclose pertinent medial information may result in dismissal from the practice.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Please submit this form via email to [internalmedgastonia@gmail.com](mailto:internalmedgastonia@gmail.com) OR submit in office at 2391 Court Drive Suite #110 Gastonia, NC 28054**