

# Novus Primary Care

at Novus Neurology

2201 Jack Warner Pkwy. Tuscaloosa, AL 35401

Office: 205-523-5618 ext. 1013 Fax: 659.208.2755

## NEW PATIENT APPLICATION FORM

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

**\*\*Please answer the questions below.**

Do you use email regularly?  Yes  No

Are you a household family member of an existing Novus Neurology Patient?  Yes  No

Are you a household family member of an existing Novus Primary Care Patient?  Yes  No

Are you a previous patient of Dr. Ellis from his University practice?  Yes  No

Insurance:

BCBS of AL  Medicaid  Medicare Advantage Plan ( Specify) \_\_\_\_\_

Other BCBS Plan  Medicare  Other \_\_\_\_\_  None

**\*\*Please list any current or past problems**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADHD                     | <input type="checkbox"/> Coronary Artery Disease  | <input type="checkbox"/> Insomnia                      |
| <input type="checkbox"/> Allergies/Sinus Problems | <input type="checkbox"/> Dementia                 | <input type="checkbox"/> Irritable Bowel Syndrome      |
| <input type="checkbox"/> Anemia                   | <input type="checkbox"/> Depression               | <input type="checkbox"/> Kidney Disease                |
| <input type="checkbox"/> Anxiety                  | <input type="checkbox"/> Diabetes Type 1          | <input type="checkbox"/> Liver Disease                 |
| <input type="checkbox"/> Arthritis (Type) _____   | <input type="checkbox"/> Diabetes Type 2          | <input type="checkbox"/> Osteoporosis                  |
|   | <input type="checkbox"/> Fibromyalgia             | <input type="checkbox"/> Parkinson's Disease           |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> GERD (Acid Reflux)       | <input type="checkbox"/> Schizophrenia/Schizoaffective |
| <input type="checkbox"/> Bipolar Disorder         | <input type="checkbox"/> Headaches (Non-Migraine) | <input type="checkbox"/> Seizures                      |
| <input type="checkbox"/> Blood Clots              | <input type="checkbox"/> Headaches (Migraine)     | <input type="checkbox"/> Stroke/TIA                    |
| <input type="checkbox"/> Cancer (Type) _____      | <input type="checkbox"/> Heart Valve Disease      | <input type="checkbox"/> Thyroid Disease               |
|   | <input type="checkbox"/> Heart Rhythm Problems    | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Chronic Pain             | <input type="checkbox"/> High Blood Pressure      |  |
| <input type="checkbox"/> Cholesterol Problems     |   |  |
| <input type="checkbox"/> COPD                     |   |  |

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Novus Primary Care

at Novus Neurology

2201 Jack Warner Pkwy. Tuscaloosa, AL 35401

Office: 205-523-5618 ext. 1013 Fax: 659-208-2755

## NEW PATIENT APPLICATION FORM

Medications used daily: (Include over the counter)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medications used as needed:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate whether you consent for Novus Primary Care to view your prescription history from external resources?

Yes                       No

What is your primary reason for seeking care at Novus Primary Care?

\_\_\_\_\_

How did you hear about us or did anyone refer you or recommend us to you?

\_\_\_\_\_

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

For office use only:

\_\_\_\_\_  
\_\_\_\_\_