



**GRINER MEDICAL GROUP**  
Quality Healthcare For All Ages

3301 N. Oak St. Ext.

Valdosta, Ga 31605

229-242-6061-phone 229-242.6151-fax

**Adult New Patient Approval Form**

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_

(City, St, zip) \_\_\_\_\_ SEX: M/F

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Reason for coming:** \_\_\_\_\_

**Insurance Information:**

Primary: \_\_\_\_\_ ID # \_\_\_\_\_ Group# \_\_\_\_\_

Secondary: \_\_\_\_\_ ID # \_\_\_\_\_ Group# \_\_\_\_\_

Tricare Sponsor: \_\_\_\_\_

**Previous Physicians:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you seen Dr. Griner previously as your Primary Care Physician?  yes  no

If so, when \_\_\_\_\_

Please list any family members who are current or previous patients of Dr. Griner.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Current / Previous Diagnosis:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Current/ Previous Medications:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Signature of Authorizing Party: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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

**Disclaimer:**

Griner Medical Group provides quality healthcare for all ages. We are a multidisciplinary practice that is comprised of physicians and staff that are professional, courteous, and detail-oriented. We do not treat chronic pain with narcotic pain medications. Referrals in these types of cases will be sent for chronic pain management.

**In Office Only Dr. Griner:**

Accepted \_\_\_\_\_ Declined \_\_\_\_\_