



GRINER MEDICAL GROUP
Quality Healthcare For All Ages

3301 N. Oak St. Ext.
Valdosta, Ga 31605

Phone:229-242-6061 * Fax:229-242.6151

Adult New Patient Approval Form

Date: _____ Date of Birth: _____ SS# _____

First Name: _____ Middle Name: _____ Last Name: _____

Address _____

(City, St, zip) _____ County _____ SEX: M/F

Home Number: _____ Cell Number: _____ E-mail: _____

Reason for coming: _____

Insurance Information:

Primary: _____ ID # _____ Group# _____

Secondary: _____ ID # _____ Group# _____

Tricare Sponsor: _____ ID # _____

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: _____

******* If accepted, all current medications must be present at first appointment *******

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 _____