Crimson Internal Medicine, LLC

Nancy Tactuk, MD

Date:_____ Referred By: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code:_____

Home Phone: _____ Cell Phone: _____ Cell Phone Carrier: _____

E-mail: _____ Previous Primary Care Physician: _____

Primary Insurance: _____ Contract #: _____ Group # _____

Secondary Insurance: _____ Contract # _____ Group # _____

Marital Status: (Please circle one) M S D W

List Medical Conditions

_____

_____

_____

_____

_____

Daily Medication:

_____

_____

_____

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_____

******PLEASE READ******

Policy for New Patients: You will be required to pay a $70.00 deposit at the time you schedule your appointment, by Credit Card. If you do not show for your appointment or cancel within 48 hours, we will keep that payment. It can be applied to your copay or deductible on the day of your visit or we can give you a refund at that time.