



FLINT RIVER
FAMILY MEDICINE, P.C.

Justin Pruitt, DO, MS

New Patient Registration

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Phone: _____

Emergency Contact: _____

Gender: _____

Date Of Birth: _____

Soc. Sec. #: _____

Primary Language: _____

Primary Ethnicity: _____

Marital Status: _____

Employed: Yes / No

Full Time Student? Yes / No

Part Time Student? Yes / No

Employer: _____

Employer
Address/City: _____

Email: _____

Preferred contact for automated appointment reminders? (Circle One)

Phone Call Text Email

Specialist Physicians:

<u>Name</u>	<u>Specialty</u>
_____	_____
_____	_____
_____	_____
_____	_____

Primary Insurance

(Please have card available)

Provider: _____

Secondary Insurance

(Please have card available)

Provider: _____