



**THE
BRADLEY
CLINIC**
at Tyler

1402 Rice Road, Suite 100, Tyler, Texas 75703 + Phone: (903)630-7691 + Fax: (903)630-7693

New Patient Questionnaire

Please send a copy of your current insurance card(s). Do not return via e-mail due to privacy policies.

Name: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Date of Birth: ____/____/____ Age: _____ Social Security #: _____

Name of Insurance Plan: _____

Member ID on card: _____

Verify Benefits Phone #: _____

Policy Holder Name (self, spouse or dependent): _____

Referred by (please circle one):

- Person/Current Patient: (who: _____)
- Newspaper/Magazine (which one: _____)
- TV/Radio (Station/Channel: _____)
- Other (Please Specify: _____)

Current Medical Problems:

Current Medications:

OFFICE USE ONLY: NP Appt on: _____ Labs Scheduled on: _____