



C. Renee Branch, D.O.  
Thomas Buzbee, M.D.  
Anthony Davis, M.D.  
Margaret Hayden, M.D.  
D. Michael Park, M.D.  
Jennifer Saurette, M.D.  
Amy Simpson, M.D.  
Ramiro Villena, M.D.

## New Patient Questionnaire

You may mail this completed form to TIMA, 1910 Roseland Blvd, Tyler, TX 75701 or fax it to (903) 533-0441.  
*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: \_\_\_\_\_ Group #: \_\_\_\_\_

Verify Benefits Phone #: \_\_\_\_\_

Policy Holder Name (self, spouse or dependant): \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician you currently see: \_\_\_\_\_

Do you presently have/or have a history of TB? (Circle one) Yes No

Is this a work related or a Motor Vehicle Accident (MVA) injury of illness: (Circle One) Yes No

*Please circle preferred physician:*

Dr. C. Renee. Branch   Dr. Thomas Buzbee   Dr. Anthony Davis (Lindale)   Dr. Margaret Hayden   Dr. D. Michael Park  
Dr. Jennifer Saurette   Dr. Amy Simpson   Dr. Ramiro Villena

OFFICE USE ONLY: NP Appt on: \_\_\_\_\_ Labs Scheduled on: \_\_\_\_\_  
1910 Roseland Blvd. Tyler, TX 75701 Phone (903) 533-0644 Fax (903) 533-0441 www.tylerinternalmedicine.com