MIDWEST GERIATRIC SERVICES
Onsite Primary Care

PHONE: 218-522-9700
FAX: 763-231-9602

New Patient Forms

Patient Name (first & last): _____

Phone: (_____)_____

Date of Birth: _____/_____/_____

Social Security #: _____ - _____ - _____

Community Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Room #:_____

Please include with these forms:

- **Insurance Cards - Copies**(please ensure Dr. Clemencia Rasquinha is listed as your Primary Care Provider)
- **POA Medical Paperwork** (if applicable)

Patient or POA Signature: _____

When Complete:

FAX completed forms to: 763.231.9602 or

EMAIL to: info@mymgs.org or

SCAN FORMS & Send To Us Via Our Secure Online Portal:
www.twincitiesphysicians.net/portal

Password for **Twin Cities Physicians online PORTAL**: **Tcp2016!**

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Patient Information Sheet

Name (first & last): _____

Emergency Contact / POA Information

Name_____ **Phone:** (_____)_____

Relationship to Patient:
_____

Insurance Information – Attach Cards Please

Previous Primary Care Provider

Name_____ **Phone:** (_____)_____

Information you wish to share with your new Twin Cities Physicians provider:_____

_____

_____

_____

_____

Please send us a copy of your current medication list and insurance card.

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Patient Current Medication (may attach list – please include dose & frequency):

Name of Medication	Dose	Frequency (How often is medication taken?)

Allergies:

_____

_____

_____

_____

Current & Past Medical Issues / Diagnosis:

_____

_____

_____

_____

_____

_____

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Surgical History:

_____

_____

_____

_____

Family History_____

Father_____
Mother_____
Daughter_____
Son_____
Spouse_____

Social History_____

Tobacco use: ___ Yes ____No

Former Smoker: ____ Yes ___No Quit Date:_____

Do you consume any alcohol: ____Yes ____No

If yes, how many drinks in a 24 hour period: _____

What did you do for a living or occupation?