



**PONCE
PRIMARY
CARE**

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ponceprimarycare.com

Effective 11/28/11

**New Patient Information
(PLEASE PRINT CLEARLY)**

1. Patient Information

Patient Full Name: _____

Date of Birth: _____ **Male / Female**

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Primary Insurance Carrier: _____ Secondary: _____

2. Emergency Contact

Name/Relationship: _____ Number: _____

3. Notice of Privacy Practices dated 4/15/10 (see attached)

I have been provided with a copy of the Notice of Privacy Practices. Initial: _____

4. Agreement to Practice Policies form dated 8/19/11. (see attached)

I have read and agree to the attached Practice Policies document.

Signature: _____ Date: _____

5. How did you hear about us? _____