



Direct care  
*It's about care, not coverage.®*

# MainStreet Direct Care

## New Patient Screening Form

\*\*\*Dr. Birdwell is not attending patients in the hospitals. He uses the hospitalist service at both local hospitals.

Date: \_\_\_\_\_

How did you hear about us?  Radio  Newspaper  Facebook  Other Media  Family/Friends

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Gender  M  F DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance (s): \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What doctors have you seen for this and/or are you seeing any doctors now: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last hospitalization date: \_\_\_\_\_  CCMH  SWMC  Other: \_\_\_\_\_

Reason for admission:

\_\_\_\_\_