



Thomas-Spann Clinic, P.A

"Celebrating over 60 years of Legendary Service"

Kingsville ISD

New Patient Questionnaire

Please fax form back to Thomas-Spann @ (361) 696-6007

(Please check your preferred doctor if any)

Dr. George Benavidez
Dr. Erik Garza
Dr. Minh Nguyen
Melanie Chipman, NP

Dr. John Carmichael
Dr. Scott Howell
Dr. Charles Sanders

Dr. O. Michael Everett
Dr. Michael Neff
Dr. Mark Strauss
John Fusselman, NP

Dr. Vola Le Roux, FNP-C (Kingsville clinic only)

Name: _____ DOB: _____ Date: _____

Address: _____ City/State: _____ Zip _____

Are you the insured _____ or a dependent? _____

Primary phone # _____ Secondary phone # _____

Reason for appointment: _____

Have you ever been seen at Thomas Spann Clinic by any of our physicians? _____

Most recent doctor you've seen: _____ Last apt date w/that dr. _____

Medical history: what have you been diagnosed with or treated for in the past 5 years?

Complete list of medications you currently take including over the counter medications:
(Please bring all medications to your appointment)

Primary Ins: _____ Holder of ins: _____

I.D#: _____ Group # _____ DOB of holder: _____

Secondary Ins: _____ Holder of ins: _____

I.D#: _____ Group# _____ DOB of holder: _____