



**PREMIER INTERNAL
MEDICINE ASSOCIATES, PC**

ZIA HASSAN, M.D., FACP 420 LOWELL DRIVE, SUITE 302 HUNTSVILLE, AL 35801 256-265-1910

New Patient Application

Name: _____ DOB: _____

Contact Number: _____

How did you hear about us? _____

Who is your primary insurance? _____

****Please note that we do not accept Medicaid as primary****

Who is your current or previous primary physician?

Please list all chronic illness:

Please list all current medications:

Please note that we do not manage chronic pain or see patients under 18 years of age.

This form can be dropped off at our front desk, faxed, or mailed to us.

We look forward to meeting you!