



**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Who is your primary insurance? \_\_\_\_\_

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!**

**premierintmed.com**

**Fax: 256-265-1911**