

Internal Medicine Primary Care Physicians

Dr. Timothy Lamb
&
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Patient Verification Form

Date: _____

Patient Name: _____

Date of Birth: _____

Insurance: _____

Address: _____

Telephone Number: _____

Are you a smoker/former smoker? _____

Are you currently taking aspirin? _____

Are you a diabetic? _____

Are you currently taking any new medication(s) since your last visit?

Have you had/ scheduled your physical for the 2017 calendar year?

Do you have access to the Patient Portal? _____

Patient Email Address: _____