



**Maria Stein Family Practice, Inc.**

**Dr. James T. Schwieterman, M.D.**

**Dr. Heather A. Kleinhenz, M.D.**

8381 State Route 119, Maria Stein, Ohio 45860

Phone: (419) 925 - 4613

Fax: (419) 925 - 4168

***Request To Become a Patient***

Name of person financially responsible for the account:

\_\_\_\_\_  
Last First M DOB

Social Security Number \_\_\_\_\_

Spouse

\_\_\_\_\_  
Last First M DOB

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Cell Phone Number \_\_\_\_\_

Alternate Number \_\_\_\_\_

List of all family members who will be patients here:

Name	DOB	Medications	Chronic Medical Condition(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Continue on Back....*

List employers of all family members:

Employee	Employer	Work Number
Employee	Employer	Work Number

Insurance Coverage:

Primary Coverage	Identification Number	Group Number
Secondary Coverage	Identification Number	Group Number

Who is covered by each plan? \_\_\_\_\_

Person(s) to contact in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a patient here before? \_\_\_\_\_

If YES, Why did you leave? \_\_\_\_\_

\_\_\_\_\_