

# Superior Walk-In & Family Health

2382 US 41 Marquette MI 49855

906-226-2233

## PRIMARY CARE APPLICATION

Name:	DOB:
Address:	Phone:
Referred by:	E-Mail:
Insurance Type:	Policy and Group #

### Health History (chronic conditions)


### Current Medication

- ⑩ Please provide a list of medications from your pharmacy

#### For office use only

<input type="checkbox"/> Application Completed	<input type="checkbox"/> Medication list attached	<input type="checkbox"/> MAPS report attached
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<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Signed:
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