

Litton Family Medicine, P.C.

J. Scott Litton, Jr., M.D.

P.O. Box 646 – Lee Regional Medical Plaza, Suite 12
Pennington Gap, VA 24277 - 276-546-4894

NAME (Last, First,) _____

GENDER: _____ SS # _____ - _____ - _____ Date of Birth: _____

Marital Status: Single Married Widowed Divorced (circle)

Insurance provider: _____ Policy #: _____

Home Address: _____

Town, City, State and ZIP _____

Phone number: _____ Work number: _____

Email Address: _____

Current Medications and Dosages:

Allergies: _____

Medical History and Previous Surgeries:

Previous treating physician:

Any other doctors you currently see:

Pharmacies used in the last 3 years:

Have a relative who is a patient here: YES or NO _____

If Yes, Who? _____

Other important information:

By signing my name below, I give permission to Dr. Litton to speak to and obtain pertinent medical information from previous treating physicians, specialists, pharmacies, and hospitals before my appointment is scheduled.

Signature: _____ Date: _____

Primary Care For The Entire Family

<http://www.littonfamilymedicine.com> appointments@littonfamilymedicine.com

Fax: 276-546-4896