



**PRIMARY CARE PROVIDERS**  
 Joseph Jellicorse, MD ◦ Hermogenes Pagsisihan, MD,  
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**100 Professional Park, Suite 204 Carrollton, GA 30117**  
**Phone 770-834-3351 – Fax 770-830-1518**

**NEW PATIENT APPLICATION**

Thank you for your interest in becoming a patient, please complete and return to: [appointments@pcgofwestga.com](mailto:appointments@pcgofwestga.com)

*How did you hear about our practice?* \_\_\_\_\_

First Name	Middle	Last Name	Date of Birth
Street Address		Cell Phone for Calls and Text	
City	State	Zip Code	Email Address
Insurance Company		Insurance Policy Number	
Name of Main Insured on the insurance card		Employer	
Your Emergency Contact		Emergency Contact Phone	
Preferred Provider		Have You Been a Patient Before?	

Please list Medication Name	Strength	Directions	Prescriber

\*\*\* I am signing to confirm that the information provided is **complete and correct**. I understand that as a potential patient of the practice the doctors will confirm my controlled substance prescriptions. I understand that the practice does not prescribe controlled medications for new patients. (A typed signature is acceptable)

**SIGNATURE**\_\_\_\_\_

**DATE**\_\_\_\_\_