



315 West Old Key Dr.
Suite 150
Peru, Indiana 46970
Tel: 1-765-475-6963
ahni.com

Name: _____

Date of birth: _____

Thank you for choosing American Health Network of Peru to be your primary care provider. We're grateful for your trust in us.

Before we can accept you as a new patient, we need some information from you.

Please list all medicines — including pain medicines — that you're taking now:

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any health conditions (such as diabetes, high blood pressure, depression, obesity, pain management, etc.) that you have:

1. _____
2. _____
3. _____
4. _____
5. _____

Home phone: _____

Mobile phone: _____

Email: _____

Address: _____

Health insurance company: _____

Please circle if there's a specific doctor you'd like to see:

Dr. Michael Mull

Dr. Lloyd Lorenz

Dr. William Hoover

The information above will help us make sure we can give you the care you need. If we're a good fit, we'll be in touch with you soon.

We look forward to serving you.