

**SkyPark Preferred Family Care
Thomas W. LaGrelus, MD
Nicole Z. Lawrence, MD
Jeffrey M. Karns, MD**

**23451 Madison St #140
Torrance, Ca 90505**

New Patient Appointment Checklist

_____ **New Patient Registration Form**

_____ **Comprehensive Health Questionnaire**

_____ **Authorization of Medical Records**

_____ **Patient Health Questionnaire (PHQ-9)**

_____ **Vaccine Records**

_____ **Recent Mammogram (If Female)**

_____ **Colonoscopy & Endoscopy and Doctor who did the exam**

_____ **Insurance Card (so we can make a copy)**

_____ **Drivers License or Identification Card**