

# APPOINTMENT REQUEST FORM



**Medical Associates**  
of the Hudson Valley, P.C.

Today's Date \_\_\_\_\_

Please fill out all required (marked with \*) fields to request a non-urgent new or established patient visit with one of our providers. After filling out the form mail or fax it to one of the locations listed to the right.

You can expect to be contacted within 24 hours of submitting your request. If your need is of a more urgent matter, please contact us by phone.

If you are a new patient, you can conveniently download our new patient registration forms and information through our web site at [www.mahv.net/patient-information](http://www.mahv.net/patient-information).

## Kingston

360 Washington Ave.  
Kingston, NY 12401

Phone: (845) 338-7140  
Fax: (845) 338-7141

## Poughkeepsie

29 Fox St. Suite 200  
Poughkeepsie, NY 12601

Phone: (845) 338-7140  
Fax: (845) 338-7141

## PATIENT INFORMATION

First Name\* \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name\* \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_

### Best time to contact you

- Morning
- Afternoon
- Evening

## APPOINTMENT INFORMATION

### Patient Status\*

- I'm a new patient
- I'm an existing patient

### Preferred Day

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

### Preferred Time

- 48-72 Hours
- One Week
- Two Weeks
- Three Weeks

### Who is your Primary Physician?\*

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### What insurance do you have?\*

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## COMMENTS

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