



New Patient Application

Choose Provider and Health Center

- | | | |
|-----------------------------------|--------------------------|-------------------------------------------------------------------------|
| Barnesville Family Health Center: | <input type="checkbox"/> | Dr. Russell Lee-Wood M.D.
Jodi Gottardi, PA-C
Staci Fellows, NP-C |
| | <input type="checkbox"/> | Dr. Himalaya Patcha M.D. (Patients 18 and older) |
| Freeport Family Health Center: | <input type="checkbox"/> | Dr. Lauren Wooten M.D. |
| Monroe Family Health Center: | <input type="checkbox"/> | Judeana Gramlich NP |
| | <input type="checkbox"/> | Natasha Kline, PA-C |
| Quaker City Family Health Center: | <input type="checkbox"/> | Dr. Shaun Roe D.O.
Staci Fellows, NP-C |
| Freeport Family Dental Center | <input type="checkbox"/> | Dr. Amber Bauer-Doyle, DDS |

NAME: _____ DATE: _____

PHONE NUMBER: _____ AGE: _____

ADDRESS: _____

PREVIOUS DOCTOR: _____

REASON FOR LEAVING THAT DOCTOR: _____

PHARMACY: _____

NAME OF INSURANCE: _____

ANY WORKERS COMPENSATION CLAIM? _____

MEDICAL HISTORY:

- BACK INJURY/PAIN
- HYPERTENSION (HIGH BLOOD PRESSURE)
- DIABETIC (HIGH BLOOD SUGAR)
- HYPERLIPIDEMIA
(HIGH CHOLESTROL OR HIGH TRIGLYCERIDE)
- HEART PROBLEMS
- LUNG PROBLEMS
- THYROID PROBLEMS
- CANCER

CIRCLE ONE:

- Y OR N
- Y OR N
- Y OR N
- Y OR N
- Y OR N
- Y OR N
- Y OR N
- Y OR N

LOCATION _____

TREATMENT _____

WHEN DIAGNOSED _____

SURGICAL HISTORY:

ADDITIONAL HEALTH PROBLEMS:

MEDICATIONS AND REASON FOR THE MEDICATIONS (IF KNOWN):
