



Patient Application

Choose Provider and Health Center

- Barnesville Family Health Center: [] Dr. Himalaya Patcha (Patients 18 and older)
[] Dr. Lauren Wooten
Jodi Gottardi, PA-C
Ryan Aston, PA-C
Freeport Family Health Center: [] Dr. Lauren Wooten
Ryan Aston, PA-C
Caldwell Family Health Center: [] Dr. Holly Overmiller
Monroe Family Health Center: [] Dr. Holly Overmiller
[] Dr. Ronnie Williamson
Natasha Kline, PA-C
Kaitlin Miller, PA-C
Quaker City Family Health Center: [] Staci Fellows, NP-C
Barnesville Family Dental Center [] Dr. David Mayberry, DDS
Freeport Family Dental Center [] Dr. Amber Bauer-Doyle, DDS

NAME: _____ DATE: _____

PHONE NUMBER: _____ DOB: _____ AGE: _____

ADDRESS: _____

PREVIOUS DOCTOR: _____

REASON FOR LEAVING THAT DOCTOR: _____

PHARMACY: _____

NAME OF INSURANCE: _____

ANY WORKERS COMPENSATION CLAIM? _____

Table with 2 columns: MEDICAL HISTORY (BACK INJURY/PAIN, HYPERTENSION, etc.) and SELECT ONE: (Y OR N)

LOCATION _____

TREATMENT _____

WHEN DIAGNOSED _____

SURGICAL HISTORY:

ADDITIONAL HEALTH PROBLEMS:

MEDICATIONS AND REASON FOR THE MEDICATIONS (IF KNOWN):
