

## **New Patient Application**

Choose Provider and Health Center			
Barnesville Family Health Center:	Dr. Himalaya I Dr. Lauren Wo Jodi Gottardi, Ryan Aston, P Miles Jefferis,	PA-C A-C	
Freeport Family Health Center:	Dr. Lauren Wo Ryan Aston, P.	ooten	
Caldwell Family Health Center: Monroe Family Health Center:	Dr. Holly Over Dr. Holly Over Dr. Ronnie Wi	miller miller	
	Kaitlin Miller, PA-C		
Quaker City Family Health Center:	Staci Fellows,	NP-C	
Barnesville Family Dental Center Freeport Family Dental Center	Dr. David Mayberry, DDS 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?			
MEDICAL HISTORY:		SELECT ONE:	
BACK INJURY/PAIN	Y OR N		
HYPERTENSION (HIGH BLOOD PRESSURE)	Y OR N		
DIABETIC (HIGH BLOOD SUGAR)		Y OR N	
HYPERLIPIDEMIA (HIGH CHOLESTROL OR HIGH TRIGLYCERIDE)		Y OR N	
HEART PROBLEMS	YORN		
LUNG PROBLEMS	Y OR N		
THYROID PROBLEMS		Y OR N	
CANCER	Y OR N		

LOCATION\_\_\_\_
TREATMENT \_\_

WHEN DIAGNOSED \_\_\_\_\_

SURGICAL HISTORY:	
ADDITIONAL HEALTH PROBLEMS:	
MEDICATIONS AND REASON FOR THE MEDICATIONS (IF KNOWN):	