NEW PATIENT REQUEST FORM

NORTHWEST SPECIALTY HOSPITAL
QUALITY CARE SINCE 2003 | PROUDLY OWNED AND OPERATED BY PHYSICIANS

FAMILY MEDICINE

Thank you for your interest in Northwest Family Medicine! In order provide the best care possible to all of our patients we need to know a little information about you before we begin. Our provider(s) will review your information and determine whether or not they are the most suitable provider to meet your needs. Once a determination has been made we will be happy to schedule you an appointment for our first available opening.

PLEASE SELECT A PROVIDER:	❑ ANY WILLING PROVIDER	
❑ Holly Collins, FNP-C	❑ Dr. Tom Neal—1 year out	❑ Dr. Heidi Herold **CDA-Axis Spine Location*
❑ Heather Sarkis, PA-C	❑ Pete Brown, DNP, FNP-C **Post Falls Location*	
❑ Katie Jarstad, MSN, PA-C	❑ Whitney Hall, NP-C * *Post Falls Location*	
❑ Scott Gibbs, PA-C	❑ Teresa Ragan, FNP-C * *Post Falls Location*	

NAME (FIRST)	
NAME (LAST)	
HOME PHONE	
INSURANCE COMPANY NAME	

CURRENT HEALTHCARE PROVIDER	❑ NONE

WHY ARE YOU CHANGING PROVIDERS?

MEDICATIONS (TAKEN WITHIN THE LAST 12 MONTHS)	DOSE	FREQUENCY
1)		
2)		
3)		
* Please request additional paper if you are currently taking more than three medications. ***I verify that this Information is complete and correct, PLEASE INITIAL*** : _____		

CHRONIC MEDICAL CONDITIONS
1)
2)
3)
* Please request additional paper if you have more than three chronic conditions.

I, _____ authorize Northwest Family Medicine to keep this historical health record at their facility. Information contained here will not be released to anyone without my authorization to do so. This release will be destroyed if you are no longer rendering services from Northwest Family Medicine.

_____ _____
SIGNATURE DATE

This record will be kept on file for a maximum of six months. If no appointment has been scheduled within that time frame this document will be destroyed.