



NEW PATIENT APPLICATION

30544 Hwy 200 Ste 101, Ponderay ID 83852
Phone 208-263-6300 • Fax 208-263-6355

Today's Date: _____

Which primary care provider would you prefer: No preference
 Joan Bloom, MD Sarah Derrig, FNP Justin Henderson, FNP

Patient's Name _____

Mailing Address _____

Phone _____ Referred by _____

Insurance Provider _____ ID # _____ Group # _____

Occupation _____ Employer _____

Describe your current medical conditions and health goals: _____

How much do you smoke? _____ How much alcohol do you drink per week? _____

Please list current medications: _____

Do you take chronic pain medication? No Yes, please list: _____

For WFM Staff:

Appointment Date: _____

Contacted Patient: Yes / No

Thank you for completing the application. We are accepting new patients on a limited basis. We will review your application and contact you within one week. This practice does not consider an individual seeking treatment to be a client until a face to face appointment has been completed.