

Dr. John David Blankenship D.O.

401 Lowell Dr. Suite #14 Huntsville, Al 35801

Phone: 256-534-7235

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## **New Patient Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Current Family Dr. \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

### **Insurance**

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Tertiary: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

**List any Medications you're currently taking or have been prescribed and the Doctor prescribing them:**

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Do you have an urgent medical need? Yes/No If yes, what is it? \_\_\_\_\_

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### **Office Use Only:**

Dr. Blankenship Review date: \_\_\_/\_\_\_/\_\_\_ Accepted Yes/ No

Reason Denied: \_\_\_\_\_ Scheduled: \_\_\_\_\_

Scheduled by: \_\_\_\_\_