

**Patricia StandTal Clarke, MD, DMin**

*SHEDOC INTEGRATIVE FAMILY PRACTICE*



Body

Mind

+ Soul

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**YOU**

**New Patient Form**

Please give us ...

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

If policy under a family member,

Policy Holder Namer: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Patient ID Number: \_\_\_\_\_

Insurance Telephone Number (back of card):

\_\_\_\_\_

Save and email New Patient Form to: [SheDoc@RedRoadMedicine.com](mailto:SheDoc@RedRoadMedicine.com).

We will send you instructions on registering for our secure office portal:

**Patient Ally.**

Once you have registered you will be able to schedule an appointment.

At your first appointment, we will require a copy of your insurance card, a credit card, and your Driver's License. Please bring these with you.

Looking forward to becoming your provider.