

Dr. John David Blankenship, D.O.  
401 Lowell Drive, Suite #14, Huntsville, AL 35801  
Office Phone: 256-534-7235 / Office Fax: 256-534-7268

---

**NEW PATIENT APPLICATION**

Thank you for selecting BLANKENSHIP FAMILY MEDICINE as your possible Primary Care Physician. Please be advised that we will review your medical and insurance information and we will contact you to schedule your initial visit with us, if your application is accepted.

**Please Print Your Information Legibly**

Date: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_ DOB: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Address/City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ eMail Address: \_\_\_\_\_

Your current primary care physician/phone #: \_\_\_\_\_

Your current insurance provider: \_\_\_\_\_ Secondary insurance provider: \_\_\_\_\_

Do you have an urgent medical need? Yes / No If Yes, please provide a brief description:

\_\_\_\_\_

Please list any medications you're currently taking and the Doctor prescribing them:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**Office Use**

Accepted: YES / NO

Initial Appointment Scheduled for: \_\_\_\_\_