

Patricia StandTal Clarke, MD, DMin

SHEDOC INTEGRATIVE FAMILY PRACTICE



Body

Mind

+ Soul

YOU

New Patient Form

Please give us ...

Patient Name: _____

Date of Birth: _____

Email: _____

Cell phone number: _____

Insurance Name: _____

Patient ID Number: _____

Insurance Telephone Number (back of card):

If policy under a family member,

Policy Holder Namer: _____

Policy Holder Date of Birth: _____

Save and email New Patient Form to: 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.