



White Bird Medical Clinic

NEW PATIENT INTAKE FORM

Today's Date:

___/___/___

Name:	Date of Birth:	Street Address:
	/ /	

Phone:	Email:	City:	State:	Zip:
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Living situation:

- Rent
 Own
 Shelter
 Transitional housing
 Street/car
 Staying with friends/family

How long in current living situation? _____

Insurance Information (check all that apply)

Financial Information

Medicaid (OHP) <input type="checkbox"/> Trillium <input type="checkbox"/> D-MAP/open card <input type="checkbox"/> Non-Lane County OHP	Medicare <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D <input type="checkbox"/> Advantage* <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance*: _____	Social Security Number: _____-_____-_____ Monthly Income: \$ _____ # of people in household: _____
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*WBMC does not currently accept private insurance
- incl. Medicare Advantage

TODAY'S VISIT

Please check the most important issue you would like to discuss today:

- Establish care
 Out of medication
 Feeling sick
 Recently injured
 Hospital follow-up
 Mental/emotional health

Please describe the issue:	How long have you had this issue?

Previous care received for this issue (if any):

(include other doctors, urgent care, ER visits)

MEDICAL INFORMATION

Do you currently have a Primary Care Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO		List any known diagnosed conditions: (such as high blood pressure, diabetes, depression)
Previous provider name:	Clinic name:	
Last seen:	Reason for leaving:	List all current medications:
Are you having difficulty finding resources (food, clothing, transportation, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you need help applying for benefits (OHP, Food Stamps, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

WBMC IS NOT CURRENTLY ACCEPTING NEW PATIENTS WHO REQUIRE CONTINUATION OF CONTROLLED SUBSTANCE PRESCRIPTIONS INCLUDING: NARCOTICS (VICODIN, OXYCONTIN, ETC.), BENZODIAZEPINES (KLONOPIN, XANAX, ATIVAN,TEC.), OR AMPHETAMINES (ADDERALL, RITALIN, ETC.).



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