2702 Jacksboro Pike, P.O. Box 787, Jacksboro, TN 37757
(423) 201-9937 – phone neighbrohooduc@yahoo.com (423) 567-4722 - fax

Patient Name: _____ DOB: _____

Contact Phone Number:_____Email Address: _____

1) Have you been or are you treated for any ongoing health problems? (Example: High blood pressure, Diabetes, Thyroid Problems, Arthritis, Depression, Anxiety, Chronic Pain, Seizures, COPD, or any conditions:

_____

_____

_____

2) What are your main concerns for primary care?

_____

_____

3) How many primary care providers have you been to in the last (5) years?

_____

4) Are you currently going to a specialist at this time? If yes, who are you going to and why? (Examples: Neurologist, Cardiologist, etc…..)

_____

_____

_____

5) Do you need a referral to a specialist at this time? If yes, to where and why?

_____

_____

_____

6) What type of medications are you looking for us to manage?

_____

_____

_____