



NHP Direct Practice Application and Intake Form

The purpose of this form is to help determine if our practice is the right fit for you.

Full Name: _____ Date of Birth: _____

Email Address: _____ Cell number: _____

Insurance: _____ Previous insurance: _____

Previous Physician: _____

How did you hear about us? _____

What medical problems do you have, if any? (diagnoses only please) _____

Please list the medications you take, if any, including current prescriptions and over the counter medication and vitamins/supplements: _____

If you have diabetes, what was your last A1c? _____

Do you smoke? Yes No If yes, are you willing to try to stop? Yes No

Do you feel comfortable accessing a website for test and lab results as well as other communications related to your care? Yes No

Please complete this form and fax it to 936-559-0500 or drop it by the office.

**Please be advised: The doctors at NHP Direct do not manage chronic pain and we do not prescribe medications such as hydrocodone or codeine. We also do not prescribe benzodiazepines such as Xanax (Alprazolam), Klonopin (clonazepam), Valium (diazepam), Ativan (Lorazepam), Restoril (temazepam), etc. for anxiety, depression or sleep.*

***We will attempt to contact you at your cell phone twice once this form is reviewed. If we are unable to make contact and no appointment is set within 2 weeks, this form will be shredded.*

936-559-0700

**4800 N.E. Stallings Dr., Ste. 109
Nacogdoches, Tx 75965**