Texoma Primary Care

5500 Kell West Blvd Suite 100 Wichita Falls, TX 76310

Phone 940-264-2273 • Fax 940-264-7379 • info@doctordorf.com

New Patient Application

Choose Provider: ☐ Kristina Halberg, DNP-C ☐ Brent Wetendorf, DNP-C ☐ No Preference

Patient Name: _____ **Date of Birth:** _____

Phone: _____ **Email:** _____

Address: _____ **Social Security:** _____

Insurance Type: _____ ☐ Self-Pay

How did you hear about us?

Health History (check all that apply): ☐ Diabetes ☐ Hypertension ☐ Heart Disease ☐ High Cholesterol ☐ Blood Clots ☐ CHF ☐ Kidney Stones ☐ Asthma ☐ COPD ☐ Stroke/TIA ☐ Seizures ☐ Thyroid Disorder ☐ Headaches ☐ Liver ☐ GERD/Heartburn. ☐ Autoimmune ☐ Anxiety/Depression ☐ Cancer ☐ Other:

Hospitalization / ER Visits (Past Year) with reason and location

Surgical History (with approximate year)

_____

_____

Allergies (with reaction)

Current Medications (name, dosage, frequency)

Lifestyle History

Tobacco use: ☐ Never ☐ Former ☐ Current — Packs/day: _____ Year Quit: _____

Alcohol use: ☐ None ☐ Occasional ☐ Daily — Amount: _____

Caffeine intake: ☐ None ☐ 1–2 cups/day ☐ 3+ cups/day – Type: ☐ Soda ☐ Coffee ☐ Energy Drinks ☐ Tea

Patient Signature: **Date:**

****Send completed forms to:* ***info@doctordorf.com*** *or* ***Fax 940-264-7379*** *or* ***return to front desk*******