

New Client Intake Form

Name: Bobbi Gammes

Address: 641 N. Erie

City: Wichita

State: KS ZIP: \_\_\_\_\_

Mailing address:  Yes  No

County: Sed.

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Medicare ID: \_\_\_\_\_

A: \_\_\_\_\_ / \_\_\_\_\_ B: \_\_\_\_\_ / \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Medicaid level: \_\_\_\_\_

Social Security: \_\_\_\_\_

DOB: 7 / 12 / 56

Security Question: \_\_\_\_\_

Doctors:

Current patient?  Yes  No

PCP Name: Jason Hampl

PCP Number 00010434785  
316 218 0008

PCP Address ♥ - a- fabbal

Drugs:

Pharmacy: Dillons

Xarelto TAB 20mg t3

flecainide tab 150mg t2

Spirolactone tab 100mg t2

atorvastatin tab 20mg t1

furosemide tab 80mg t1

diltiazem hcl er cap 120mg t2

klor-con M 20 tab t2

benazepril hcl TAB 40mg t1

allopurinol Tab 300mg t1