



Onesimus Health Services, LLC

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| Leslie Abbott, FNP |

New Patient Application Questionnaire

For Internal Use Only

Patient Name: _____		DOB: _____
Phone Number: _____	Email: _____	
Are you new to the area? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____		
If not new to the area, what doctor have you been seeing? _____		
What is the reason for leaving that physician? _____		
Current Medications (You may bring your own list to your appointment if you prefer.)		
Name of Medication	Strength of Medication	Dosing Instructions
* Note: this information may be taken directly from the pharmacy label on prescription products.		
Insurance Information so we can verify that we take your insurance.		
Primary Insurance: _____		
Secondary Insurance: _____		
Why do you want to become a patient at our practice? 		

Please email your completed form to info@onesimushealth.com

Your questionnaire will be reviewed by our office manager.

After this you will be contacted by phone or email for the next step.

Thank you,

Onesimus Health Services, LLC