



# HOPE Medical & Dental Clinics

*Giving hope and help to those in need.*

609 W. E Ave., Elk City, OK 73644

P: 580-225-5500 • F: 580-303-4321

## New Patient Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell/Home  Message Gender  Male  Female

SSN: \_\_\_\_\_ Do you have Medical Insurance?  Yes  No

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I am a Veteran  I am disabled and/or require assistance

### Services Requested

Dental – Hygiene  Dental – Extraction  Medical – Routine Care  Medical – Referred by ER  Other

### Emergency Contact

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

Relationship: \_\_\_\_\_

I understand that treatment provided by Hope Medical & Dental Clinics are performed by volunteer medical professionals and/or students supervised by a volunteer medical professional.

The information given is correct and true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Clinic Use Only

Intake Notes

Accepted – Appointment Made  Accepted – Need More Information  Denied Reason Denied \_\_\_\_\_

Intake Completed By \_\_\_\_\_ Date \_\_\_\_\_