New Patient Checklist
Follow this checklist to get the most out of your first visit with your provider.

Your Provider’s Name ____________________________________________________________
Appointment Date & Time _________________________________________________________
Clinic Address ___________________________________________________________________
Clinic Practice Manager Name ___________________________________________________
Broker Name _____________________________________________________________________
Broker Email ___________________________ Broker Phone Number _______________________

☐ Bring your current medications and preferred pharmacy location
☐ Make sure you have your medical history including recent test orders and lab results
☐ Take note of recent changes to your physical or mental health

Prepare a few questions you want to ask your new provider: ___________________________

________________________________________
________________________________________
________________________________________
________________________________________

Don’t Forget!

☐ Bring your picture ID
☐ Bring your insurance ID card

Intermountain Healthcare
formerly HealthCare Partners Nevada