

# Bloom Functional Medicine



## Dr. Worden-Member Waitlist Form

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

For what condition (s) or symptom (s) are you wanting to see functional medicine practitioner?

- |  |   |
|--|---|
| <input type="checkbox"/> Mold related illness              | <input type="checkbox"/> Allergies/Mast cell related issues |
| <input type="checkbox"/> Chronic Fatigue                   | <input type="checkbox"/> Hormone related issues             |
| <input type="checkbox"/> GI issues-IBS, IBD, SIBO or other | <input type="checkbox"/> Diabetes, cholesterol or HTN       |
| <input type="checkbox"/> Hypermobility/EDS                 | <input type="checkbox"/> General health and wellness        |
| <input type="checkbox"/> Dysautonomia/POTS                 | <input type="checkbox"/> Other- please list below:          |

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Who is your Primary Care Provider (PCP)? \_\_\_\_\_

Have you been referred to our clinic? \_\_\_\_Yes \_\_\_\_No

If yes, who has referred you? \_\_\_\_\_

Do you have a family member that is seen at Bloom Functional Medicine? \_\_\_\_Yes \_\_\_\_No

If yes, what is their name and relation to you \_\_\_\_\_

If you will be using health insurance to pay for visit, what insurance do you have?

Insurance name: \_\_\_\_\_ Plan name: \_\_\_\_\_

Have you checked your insurance to see if we are in-network? \_\_\_\_Yes \_\_\_\_No

Do you require a referral by your insurance company? \_\_\_\_Yes \_\_\_\_No

You can find a list of plans we are in network with on our website: <https://bloom-functional-medicine.com/insurance>

Have you read through the [BFM Membership](#)? \_\_\_\_Yes \_\_\_\_No

*Thank you for providing the above information. Dr. Worden will review your information and our New Patient Membership Coordinator will be in touch shortly to help you progress with the new patient process and get you scheduled.*