Interested in Becoming a Patient?

Crossing the Bridge to Wellness Starts Here

Thank you for your interest in **HealthBridge Healthcare Clinic PLLC**. We are honored that you're considering us for your healthcare needs. Our mission is to provide compassionate, personalized, and patient-centered care that empowers you to live a healthier life.

Please complete the form below, and a member of our team will contact you within **1–2 business days** to discuss your healthcare needs and help you schedule your first appointment.

Patient Information

First Name *(Required)*

Last Name *(Required)*

Date of Birth

Phone Number *(Required)*

Email Address *(Required)*

Preferred Method of Contact

☐ Phone

☐ Text

☐ Email

How Can We Help You?

What services are you interested in? *(Select all that apply.)*

☐ Primary Care

☐ Annual Wellness Exam

☐ Sick Visit

☐ Women's Health

☐ Men's Health

☐ Pediatric Care

☐ Chronic Disease Management

☐ Diabetes Management

☐ Hypertension Management

☐ Weight Loss Program

☐ Medical Weight Management

☐ Nutrition & Lifestyle Coaching

☐ Telehealth (Follow-Up Visits Only)

☐ Preventive Health Screening

☐ Lab Review

☐ Medication Management

☐ Mental Wellness Support

☐ Functional Medicine Consultation

☐ Other: ___

Which Care Package Are You Interested In? *(Required)*

Please select the option that best fits your healthcare needs.

◯ **Single Visit**
Perfect for one-time appointments, acute illnesses, wellness exams, or consultations.

◯ **Recurring Care Membership – Individual**
Ongoing primary care for one person with routine follow-up visits, chronic disease management, preventive care, and wellness support.

◯ **Recurring Care Membership – Family**
Comprehensive healthcare for your family with convenient access to primary care, wellness visits, chronic disease management, and preventive services.

◯ **I'm Not Sure Yet**
I'd like to speak with someone to determine which option is best for me.

When Are You Looking to Get Started?

◯ As Soon As Possible

◯ Within the Next 30 Days

◯ Within the Next 2–3 Months

◯ Just Gathering Information

Tell Us About Your Health Goals

What would you like our healthcare team to help you accomplish?

How Did You Hear About Us?

☐ Facebook

☐ Instagram

☐ Google Search

☐ Friend or Family

☐ Community Event

☐ Church

☐ Healthcare Provider

☐ Other: ___

Stay Connected

Would you like to receive health tips, clinic updates, wellness events, and special announcements?

◯ Yes

◯ No

Questions or Comments

Please share any additional information or questions you have for our team.

Consent

☐ I understand that submitting this form does **not** establish a patient-provider relationship or guarantee an appointment. A member of HealthBridge Healthcare Clinic will contact me to discuss scheduling and next steps.

☐ I understand that all **new patient visits are conducted in person**. Telehealth appointments may be available for appropriate follow-up care.

☐ I agree to be contacted by phone, text message, or email regarding my inquiry.

Our Direct-Pay Commitment

HealthBridge Healthcare Clinic is a direct-pay practice and does not bill insurance. Our transparent pricing allows us to focus on personalized, high-quality healthcare without the restrictions of insurance networks, giving you more time with your provider and care tailored to your individual needs.

Thank You!

Thank you for considering **HealthBridge Healthcare Clinic PLLC**. We look forward to partnering with you on your journey to better health.

HealthBridge Healthcare Clinic PLLC

Crossing the Bridge to Wellness.