

## Welcome to the Nephrology Department of the Rockwood Clinic

Your appointment is scheduled with Dr. \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_.

Please fill out the enclosed form and **bring it with you to your appointment.**

- If you are a **new** patient to Rockwood Clinic, please plan to arrive at least 30 minutes prior to your appointment.
- Your appointment is scheduled at the following location:
  - 610 S. Sherman Ave. 2nd Floor Suite #201 (in the Renal Care Group Building)
  - 2100 Ironwood Ct., Suite B Coeur d'Alene, ID
  - 235 E. Rowan, Suite 209 (in the Holy Family Medical Building)
- Please be prepared to leave a urine sample. As part of your consultation, the Nephrologist will need to evaluate the specimen under the microscope.
- **Please bring all of your medications with you.** Remember to include any over the counter medications (those not requiring a prescription) and any vitamin or herbal supplements that you may take.
- We will be contacting your referring physician for your current records. If you have x-rays or other medical information that your referring physician may not have,
  - please bring those with you.
- Your consultation will take approximately 1 hour. This may be longer if lab work and x-rays are needed.
- If you need to reschedule your appointment, please call at least 48 hours prior to your appointment. We will be happy to assist you and reschedule for the **next available** opening.

You will be receiving a phone call to confirm your appointment. If you have any questions please don't hesitate to call our appointment desk at (509) 838-2531 extension 6400. We look forward to meeting you.

Thank you,

The Nephrology Department at Rockwood Clinic

**ROCKWOOD CLINIC NEPHROLOGY  
NEW PATIENT REGISTRATION**

Please print form, fill it out and bring it to your scheduled appointment.

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

Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Referring Provider: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

If you have any questions, we may be reached at (509)838-2531 ext. 6400 or 1-800-776-4048 ext. 6400.