



Bonnors Ferry
208.267.1718

Ponderay
208.265.6252

Priest River
208.448.2321

Pediatrics
208.265.2242

For non-urgent matters, you may message your care team directly using the Patient Portal.
Ask our staff if you need help signing up.

Patient Name: _____ Date: _____

Your behavioral health provider today was: Gina Beck, LCSW

Your healthcare recommendations today are (please call to schedule the following):

Annual Wellness Visit Preventive Physical Exam

Provider recommended Follow-up: _____

Preventive screenings due: _____

Your next appointment has been scheduled on: _____ at _____ am / pm



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Patient Name: _____ Date: _____

Your behavioral health provider today was: Gina Beck, LCSW

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Patient Name: _____ Date: _____

Your behavioral health provider today was: Yuni Unis, PMHNP

Your healthcare recommendations today are (please call to schedule the following):

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Provider recommended Follow-up: _____

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Patient Name: _____ Date: _____

Your behavioral health provider today was: Yuni Unis, PMHNP

Your healthcare recommendations today are (please call to schedule the following):

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Provider recommended Follow-up: _____

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Patient Name: _____ Date: _____

Your behavioral health provider today was: Gretchen Steen, LCSW

Your healthcare recommendations today are (please call to schedule the following):

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Provider recommended Follow-up: _____

Preventive screenings due: _____

Your next appointment has been scheduled on: _____ at _____ am / pm



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Patient Name: _____ Date: _____

Your behavioral health provider today was: Gretchen Steen, LCSW

Your healthcare recommendations today are (please call to schedule the following):

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Patient Name: _____ Date: _____

Your behavioral health provider today was: Nadine Lewis, LMSW

Your healthcare recommendations today are (please call to schedule the following):

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Provider recommended Follow-up: _____

Preventive screenings due: _____

Your next appointment has been scheduled on: _____ at _____ am / pm



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Patient Name: _____ Date: _____

Your behavioral health provider today was: Nadine Lewis, LMSW

Your healthcare recommendations today are (please call to schedule the following):

Annual Wellness Visit Preventive Physical Exam

Provider recommended Follow-up: _____

Preventive screenings due: _____

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Patient Name: _____ Date: _____

Your behavioral health provider today was: April Christman, LCSW

Your healthcare recommendations today are (please call to schedule the following):

Annual Wellness Visit Preventive Physical Exam

Provider recommended Follow-up: _____

Preventive screenings due: _____

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Patient Name: _____ Date: _____

Your behavioral health provider today was: April Christman, LCSW

Your healthcare recommendations today are (please call to schedule the following):

Annual Wellness Visit Preventive Physical Exam

Provider recommended Follow-up: _____

Preventive screenings due: _____

Your next appointment has been scheduled on: _____ at _____ am / pm



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Patient Name: _____ Date: _____

Your behavioral health provider today was: Holly Carroll, LMSW

Your healthcare recommendations today are (please call to schedule the following):

Annual Wellness Visit Preventive Physical Exam

Provider recommended Follow-up: _____

Preventive screenings due: _____

Your next appointment has been scheduled on: _____ at _____ am / pm



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Patient Name: _____ Date: _____

Your behavioral health provider today was: Holly Carroll, LMSW

Your healthcare recommendations today are (please call to schedule the following):

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