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# New Patient Intake Form

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NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ CARE CARD \_\_\_\_\_

EXTENDED HEALTH COVERAGE \_\_\_\_\_ POLICY/ID \_\_\_\_\_

COVERAGE \_\_\_\_\_ PRIMARY INSURED & RELATIONSHIP \_\_\_\_\_

**APPOINTMENT NOTIFICATIONS, CHECK ALL THAT APPLY:**

- EMAIL 2 DAYS BEFORE APPOINTMENT
- TEXT 24 HOURS BEFORE APPOINTMENT
- TEXT 2 HOURS BEFORE APPOINTMENT
- EMAIL NOTIFICATIONS OF NEW, CANCELLED & RESCHEDULED APPOINTMENTS

**OTHER COMMUNICATION:**

- OK TO SEND MARKETING EMAILS
- DO NOT EMAIL

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

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## Health History

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Please describe your chief problem: \_\_\_\_\_

How long has this been a problem? \_\_\_\_\_

IS THIS PROBLEM GENERALLY:  GETTING WORSE  STAYING THE SAME  GETTING BETTER

What makes it better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

Have you recently experienced any of the following?

- PHYSICAL TRAUMA
- HISTORY OF CANCER
- FEVERS
- UNEXPLAINED WEIGHT LOSS
- PAIN THAT WAKES YOU UP
- SIGNIFICANT CORTISONE USE
- RECENT INFECTION
- OTHER \_\_\_\_\_