PATIENT INTAKE FORM Date of appointment: _____ Account #: _____ Date of birth: _____ Name: _____ Phone (home): Address: Phone (cell): ______ Social security number: Primary insurance: _____ Phone (work): ______ Policy number: _____ Email: Secondary insurance: Policy number: Emergency contact phone: Emergency contact: REASON FOR ESTABLISHING CARE AND ANY PARTICULAR SYMPTOMS OR CONCERNS:

JG ALLERGIES (and reaction) ar	nd DRUG INTOLEI	RANCES		
	· · · · · · · · · · · · · · · · · · ·			
CRIPTION MEDICATIONS (nan	ne, dose, frequer	ncy)		
				
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-PRESCRIPTION MEDICATIONS	(name, dose, fre	equency)	· · · ·	74-4
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OCIAL HISTORY		•
	Children:	
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bacco Use (never, forme	, current - with amount, year of onset and/or y	ear or quitting):
cohol Use:	·	
	,	
MILY HISTORY (any illne	ses that tend to run in your family)	
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HEALTH MAINTENANCE

Vaccinations:	Influenza:/	
	Zostavax (shingles):/	
XI	Shingrix (shingles):/;/	
	Prevnar 13 or 20 (pneumococcal):/	
1	Pneumovax (pneumococcal):/	
	dT (tetanus):/	
	TDAP (tetanus/pertussis)://	
	COVID:	
Colonoscopy:		
PSA (prostate k	plood test):/ (men only)	
Mammogram:	/ (women only)	
DEXA (bone de	ensity):/	
Have you ever	been screened for hepatitis C?	
Any additional dates:	vaccinations and	