



Patient Intake Form

Name: _____ Date of birth _____

Medication Allergies YES NO

If yes please list the medications and reactions: _____

Food Allergies YES NO Please list: _____

Latex Allergy: YES NO

List all medications (include vitamins and supplements) if more please bring in a list

DRUG	DOSE	FREQUENCY

Do you take Aspirin? YES NO
If yes:
Dose: _____
Frequency: _____

Do you take Ibuprofen/Motrin? YES NO
If yes:
Dose: _____
Frequency: _____

Last Pap exam _____ Month/yr.

Do you smoke? YES NO

Last Mammogram: _____ Month/yr.

How many times day? _____
How many years? _____

Height: _____ Weight: _____

Have you ever smoked? YES NO
When did you quit? (What year) _____

Do you use any other substances? YES NO
If yes what? _____
How often do you use? _____

Do you use Alcohol? YES NO
How many times day? _____
How many years? _____



Patient Registration and Consent for Treatment Form

NAME: _____

Do you have an implantable cardiac device?

Pace Maker **OR** Implantable defibrillator
If yes – Please bring your information card for your chart.

The following questions are required to ask as part of the meaningful use insurance requirements:

Race: _____	Primary Language _____
Ethnicity (select one)	
<input type="checkbox"/> Spanish/ Hispanic Origin	<input type="checkbox"/> Not of Spanish / Hispanic Origin
<input type="checkbox"/> Pt declined/unknown	<input type="checkbox"/> OTHER



Emergency Contact: _____	Relationship _____
	Phone number: _____
Pharmacy Name: _____	Pharmacy _____
	Location: _____

Primary Care Physician: _____

Referring Provider: _____

Specialty Providers
(Urologist/Gastroenterologist/Cardiologist) _____

**It is very important to use to understand how you learned about our practice
(please circle all that apply)**

Primary Care Physician	Emergency Rm	Website	Phone book
Urology	Urgent Care	Newspaper	TV advertisement
GYN/OB	VA Hospital	Cancer Services	
GI/Gastroenterology	Friend or Family Member	Facebook 	Twitter 
OTHER: _____			

Do you have a medical power of attorney, living will, or advance directive? YES NO I don't know

If you have one of the above, please bring a copy for your file here. If you have questions about a medical power of attorney, living will, or advance directive, please ask your provider during your appointment.