

*Patient*

HEALTH NEST FAMILY PRACTICE

Intake Form

JANUARY 2030

FOR INTERNAL USE ONLY

|  |  |  |
| --- | --- | --- |
| **Patient Information** | | |
| **Last Name:** | **First Name:** | **Middle Initial:** |
| **Birth Date: Apr 1, 2030** | **Gender:** | **Status:** |
| **Email Address:** | | **Phone:** |
| **Home Address:** | | |
| **Emergency Contact:** | | **Phone:** |

|  |  |
| --- | --- |
| **Social History** | |
| **Alcohol Consumption: ⏳ Not set** | *Amount or duration here* |
| **Drug Use: ⏳ Not set** | *Amount or duration here* |
| **Tobacco Use: ⏳ Not set** | *Amount or duration here* |

|  |  |
| --- | --- |
| **Medical History** | |
| **Allergies:** ⏳ Not set | *Allergy details here* |
| *Allergy details here* |
| *Allergy details here* |
| **Previous surgeries or hospitalization:** ⏳ Not set | *Surgery or hospitalization details here* |
| *Surgery or hospitalization details here* |
| *Surgery or hospitalization details here* |
| **Are you currently taking any medications?** ⏳ Not set | *Medication, dosage, and schedule here* |
| *Medication, dosage, and schedule here* |
| *Medication, dosage, and schedule here* |
| **Notable hereditary conditions:** ⏳ Not set | *Condition or diagnosis here* |
| *Condition or diagnosis here* |
| *Condition or diagnosis here* |

|  |  |
| --- | --- |
| **Reason for Visit** | |
| **Primary complaint** | *Describe primary complaint here.* |
| **Symptoms** | * *Observed symptom here* * *Observed symptom here* * *Observed symptom here* * *Observed symptom here* |
|

**Reason for Visit**

**Signature and Consent**

I confirm that the information I’ve provided is accurate to the best of my knowledge.

|  |
| --- |
| Signature  **Patient’s signature here** **Date:** |

**Credits**

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for the template

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for the photos