



## New Patient Intake Form

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### Reason for Visit

What brings you to our office?

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How long have you had this condition?

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Previous treatments (if any):

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### Referring & Primary Care

Referring Physician:

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Primary Care Physician:

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### Pharmacy

Preferred Pharmacy/Phone:

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Mail Order Pharmacy:

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**Current Medications (list below, including dosage and how it is taken or provide a medication list)**

Medication	Dosage	Frequency taken

### Medication Allergies

List any medication allergies:

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**History (check all that apply)**

Hypertension  Diabetes  Asthma  COPD  Heart Disease

Cancer  Stroke  Hyperlipidemia  Kidney Disease

Other: \_\_\_\_\_

**Surgical History**

List any surgeries and dates:

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**Family History**

Condition	Mother	Father	Paternal GPs	Maternal GPs	Siblings
Cancer	<input type="checkbox"/>				
Heart Disease	<input type="checkbox"/>				
Diabetes	<input type="checkbox"/>				
High Blood Pressure	<input type="checkbox"/>				
Lupus	<input type="checkbox"/>				
Rheumatoid Arthritis	<input type="checkbox"/>				
Depression	<input type="checkbox"/>				
Stroke	<input type="checkbox"/>				

**Social History**

Tobacco Use:  Never  Former  Current

Alcohol Use:  Never  Occasionally  Regularly

Illicit Drug Use:  Never  Past  Current

Occupation:

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Living Situation:  Alone  With Family  Assisted Living  Other:

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### Pain Scale

Rate your current pain (0-10): 0 1 2 3 4 5 6 7 8 9 10

Location of pain:

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Describe your pain (Sharp, Dull, etc.):

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Are you taking medication for your pain?  Yes  No

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If yes, what medicines:

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Does medicine help?  Yes  No

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### Review of Systems (check any current issues)

Constitutional:  Fever  Fatigue  Weight loss  Night sweats

HEENT:  Headache  Vision changes  Sore throat  Sinus issues

Cardiovascular:  Chest pain  Palpitations  Swelling in legs

Respiratory:  Cough  Shortness of breath  Wheezing

Gastrointestinal:  Nausea  Diarrhea  Constipation  Abdominal pain

Genitourinary:  Painful urination  Blood in urine  Urinary frequency

Musculoskeletal:  Joint pain  Muscle aches  Swelling

Neurological:  Dizziness  Numbness  Weakness

Skin:  Rashes  Itching  Lesions

Psychiatric:  Depression  Anxiety  Sleep problems