

Patient Intake Form

Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Prefix Last First Middle Suffix

Marital status \_\_\_\_\_ Previous name \_\_\_\_\_  
Drivers license# \_\_\_\_\_ State \_\_\_\_\_  
SS# \_\_\_/\_\_\_/\_\_\_

Required for Meaningful Use reporting:

Birth: Date \_\_\_/\_\_\_/\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Birth Sex M/F/U Language \_\_\_\_\_ Race \_\_\_\_\_ Ethnic Group \_\_\_\_\_

Referral Source: Doctor Friend Patient Website Social media  
E R Urgent Care Newspaper Other  
Name \_\_\_\_\_

CONTACT INFORMATION:

Preferred contact method: phone email letter patient portal  
Emergency contact \_\_\_\_\_ Phone # - - -  
Spouse name \_\_\_\_\_ Phone # - - -  
Caretaker name \_\_\_\_\_ Phone # - - -  
Home phone # - - - Work phone # - - - Mobile phone # - - -  
Preferred phone: Home Work Mobile  
Is it OK to leave detailed message? Y/N  
Email \_\_\_\_\_ Alternate Email \_\_\_\_\_  
Would you like to opt in to email notifications? Y/N

Address Information

Home Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Seasonal Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Start date \_\_\_\_\_ End date \_\_\_\_\_

Employment information

Employers name \_\_\_\_\_ Job title \_\_\_\_\_

GUARANTOR:

Pts relationship to guarantor: self spouse child other employer

Guarantor name \_\_\_\_\_  
Last First Middle Prefix Suffix

Guarantor DOB \_\_\_/\_\_\_/\_\_\_\_ Social Security# \_\_\_-\_\_\_-\_\_\_\_\_

Contact Information Same as patient ? Y/N If no please fill out

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Home phone # \_\_\_-\_\_\_-\_\_\_\_\_ Work phone # \_\_\_-\_\_\_-\_\_\_\_\_ Mobile phone # \_\_\_-\_\_\_-\_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Financial

Primary name \_\_\_\_\_  
Number \_\_\_\_\_

Secondary name \_\_\_\_\_  
Number \_\_\_\_\_

Worker Comp name \_\_\_\_\_  
Case manager \_\_\_\_\_

Self Pay \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Location \_\_\_\_\_



