

MediCare Allergy & Wellness Center

456 Healthcare Boulevard, Suite 300 | Phone: (555) 123-4567

New Patient Intake Form

Please complete this form and bring it to your appointment or submit online 24 hours before your visit.

PATIENT INFORMATION

Last Name * First Name * Middle Initial

Date of Birth * Gender *
MM/DD/YYYY ☐ Male ☐ Female ☐ Other

Home Phone Cell Phone * Email Address *

Street Address *

City * State * ZIP Code *

EMERGENCY CONTACT

Emergency Contact Name * Relationship * Phone Number *

INSURANCE INFORMATION

Primary Insurance	Secondary Insurance (if applicable)
Insurance Company:	Insurance Company:
Member ID:	Member ID:
Group Number:	Group Number:

Note: Please bring insurance cards and photo ID to your appointment.

CHIEF COMPLAINT & SYMPTOMS

What is the primary reason for your visit today? *

Please describe your main concern or symptoms...

How long have you been experiencing these symptoms?

☐ Less than 1 week ☐ 1-4 weeks ☐ 1-6 months ☐ More than 6 months

Please check all symptoms you are currently experiencing:

☐ Sneezing ☐ Runny nose ☐ Stuffy nose ☐ Itchy eyes ☐ Watery eyes ☐ Skin rash/hives
☐ Wheezing ☐ Shortness of breath ☐ Coughing ☐ Chest tightness ☐ Sinus pressure ☐ Headaches

ALLERGY HISTORY

Do you have any known allergies? *

☐ Yes ☐ No ☐ Not sure

If yes, please list all known allergies and reactions:

Include foods, medications, environmental allergens, etc.

Have you ever had allergy testing before?

☐ Yes - When: _____ ☐ No

Have you ever used an EpiPen or had a severe allergic reaction?

☐ Yes ☐ No

CURRENT MEDICATIONS

Please list ALL current medications, vitamins, and supplements:

Include prescription medications, over-the-counter drugs, vitamins, and herbal supplements. Include dosage if known.

Are you currently taking any of these allergy medications?

☐ Claritin (loratadine) ☐ Zyrtec (cetirizine) ☐ Allegra (fexofenadine) ☐ Benadryl (diphenhydramine)
☐ Flonase/Nasacort (nasal sprays) ☐ Other: _____

MEDICAL HISTORY

Please check any conditions you have or have had:

☐ Asthma ☐ Eczema ☐ Sinus infections ☐ Pneumonia ☐ Bronchitis ☐ High blood pressure
