

Patient Intake Form

Patient Information

Full Name: Johnathan Doe

Date of Birth: 01/15/1985

Gender: Male

Phone Number: (555) 123-4567

Email: john.doe@example.com

Address: 123 Main Street, Apt 2B, Springfield, IL 62704

Emergency Contact Name: Jane Doe

Emergency Contact Phone: (555) 765-4321

Relationship to Patient: Wife

Insurance Information

Insurance Provider: Blue Cross Blue Shield

Policy Number: BCBS123456789

Group Number: GRP987654321

Policyholder Name: Johnathan Doe

Policyholder DOB: 01/15/1985

Relationship to Patient: Self

Medical History

Primary Care Physician: Dr. Emily Carter

Do you have any allergies?: Yes - Penicillin, Peanuts

Current Medications: Lisinopril 10mg (Daily), Albuterol Inhaler (As needed)

Past Surgeries: Appendectomy (2010)

Chronic Conditions: Asthma, Hypertension

Reason for Visit

Chief Complaint: Persistent chest tightness and shortness of breath

When did symptoms begin?: About 2 weeks ago

Have symptoms worsened?: Yes, especially with physical activity

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Consent & Signature

Do you consent to treatment?: Yes

Do you allow release of information to your insurance?: Yes

Signature: Johnathan Doe

Date: 04/11/2025