

## Patient Intake Form

**Patient ID:** P001

**Name:** John Doe

**Date of Birth:** May 15, 1989

**Age:** 35

**Gender:** Male

**Weight:** 180 lbs

**Health Conditions:** Hypertension, High Cholesterol

**Address:**

Street: 12 Queen's Park West

City: Port of Spain

**Phone Number:** (868) 555-0101

**Emergency Contact:**

Name: Jane Doe

Relation: Spouse

Phone Number: (868) 555-0102

**Patient Complaint:**

"I have been experiencing frequent headaches and occasional dizziness. I also feel a constant pressure in my chest."

**Medical History:**

- Appendectomy in 2010
- No hospitalizations in the last 5 years

**Medications:**

- Lisinopril 20mg, once daily
- Atorvastatin 40mg, once daily

**Allergies:**

- Penicillin

**Lifestyle Information:**

- Non-smoker
- Occasional alcohol consumption
- Exercises 3 times a week (running)

**Insurance Information:**

- Insurance Provider: HealthFirst
- Policy Number: HF123456

**Vital Signs:**

- Blood Pressure: 140/90 mmHg
  - Heart Rate: 80 bpm
  - Temperature: 98.6°F
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