

PATIENT INTAKE FORM

Springfield Medical Clinic

PATIENT INFORMATION

First Name: Maria

Last Name: Gonzalez

Date of Birth: 03/15/1988

Gender: Female

Phone: (555) 867-5309

Email: maria.gonzalez@email.com

Address: 742 Evergreen Terrace, Springfield, IL 62704

EMERGENCY CONTACT

Contact Name: Carlos Gonzalez

Contact Phone: (555) 123-4567

Relationship: Husband

INSURANCE INFORMATION

Insurance Provider: Blue Cross Blue Shield

Policy/Member ID: BCB-2847561-MG

MEDICAL HISTORY

Allergies: Penicillin, Shellfish

Current Medications: Lisinopril 10mg, Vitamin D

Medical Conditions: Hypertension, Seasonal allergies

REASON FOR VISIT

Persistent headaches for the past two weeks, mostly in the morning. Some dizziness.
Patient Signature: Maria Gonzalez

Date: 01/15/2025