Contoso Healthcare

Patient Intake Form

Last Name: Doe First Name: John MI: Age: 21 Gender: M

Marital Status: Married ☒ Single ☐ Widowed ☐ Divorced ☐

Check the conditions that apply to you or to any members of your immediate relatives: *

Asthma ☒ Cancer ☐ Cardiac disease ☐ Diabetes ☐ Hypertension ☐ Psychiatric disorder ☐ Epilepsy ☐

Check the symptoms that you're currently experiencing: *

Chest pain ☐ Respiratory ☐ Cardiac disease ☒ Cardiovascular ☐ Hematological ☐ Lymphatic ☐ Neurological ☐
Psychiatric ☐ Gastrointestinal ☒ Genitourinary ☒ Weight gain☐ Weight loss ☒ Musculoskeletal ☐

Are you currently taking any medication?

Yes ☐ No ☒

Do you have any medication allergies?

Yes ☐ No ☒ Not Sure ☐

Do you use or do you have history of using tobacco? *

Yes ☐ No ☒

Do you have history of drug abuse? *

Yes ☒ No ☐

How often do you consume alcohol?

Daily ☐ Weekly ☒ Monthly ☐ Occasionally ☐ Never ☐