

## Patient Intake Form

### Patient Information

Name: David Thompson

DOB (MM/DD/YYYY): 05/10/1980

Gender: Male

Preferred Pronouns: He/Him

Address: 789 Pine Street, Austin, TX 73301

Phone: (555) 321-7890

Email: david.thompson@email.com

Preferred Contact Method: Phone

### Emergency Contact

Name: Sarah Thompson

Phone: (555) 654-0987

Relationship: Wife

### Insurance Information (if applicable)

Provider: HealthFirst Insurance

Policy Number: 555667788

Group Number: 11223

Policyholder Name: David Thompson

Relationship to Patient: Self

### Reason for Visit

Primary Reason for Visit: Knee pain

How long have you had this issue?: 4 months

Have you been treated for this before?: Yes

### Medical History Summary

Conditions: Hypertension

Current Medications: Lisinopril 10mg daily

Allergies: None

Surgeries/Hospitalizations: ACL Surgery (2018)

### **Lifestyle & Social History**

Smoking: No

Alcohol: No

Recreational Drugs: No

Occupation: Mechanical Engineer

Concerns about access to healthcare?: No

### **Pharmacy Information**

Preferred Pharmacy: CityMed Pharmacy

Phone Number: (555) 222-3333

Address: 456 Health Blvd, Austin, TX 73301

### **Consent & Signature**

Signature: David Thompson

Date: 03/25/2025