

Patient Intake Form

Demographic

Full name:	David Smith		
Address:	445 William St		
City:	West Lafayett	State:	West Lafayette IN.
Phone:	337 555 0131	DoB:	The 30th of September 1985

Emergency Contact

Name:	Jennifer		
Phone:	337 555 2141	Relationship:	wife

Medical History

Medications:	false
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Health Conditions:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart / Circulation problem
<input type="checkbox"/> Numbness	<input type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> High / Low blood pressure
<input type="checkbox"/> Allergies	<input type="checkbox"/> Neck / Back injuries	

Conditions

Details:	Blood Pressure: I do.It's minor, I don't even take pills.
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Reason of Appointment

I had an accident for couple weeks ago and now I have been feeling some dizziness and strong headaches.
