**INTAKE FORM - #4**

**Attendant:** Hello! What is your name?

**Patient:** Hey! I’m David.

**Attendant:** Welcome David, I am Sara. Since it’s your first time with us I’m gonna ask you some questions so we can proceed with your appointment.

**Attendant:** What’s your full name?

**Patient:** David Smith.

**Attendant:** What is your address?

**Patient:** 445 William Street, West Lafayette. Indiana.

**Attendant:** What about your date of birth?

**Patient:** September 30th 1985.

**Attendant:** What is your phone number?

**Patient:** 337-555-0131.

**Attendant:** Who can contact in case of any emergency?

**Patient:** My wife, Jennifer.

**Attendant:** What’s your wife’s phone number?

**Patient:** 337-555-2141.

**Attendant:** May I ask the reason for your appointment?

**Patient:** I had an accident a couple weeks ago and now I have been feeling some dizziness and strong headaches.

**Attendant:** Do you normally have headaches?

**Patient:** No, not at all.

**Attendant:** Any injuries on your neck or back area?

**Patient:** No, not that I can feel.

**Attendant:** Do you have any type of diabetes?

**Patient:** No.

**Attendant:** Have you had any type of cancer?

**Patient:** No.

**Attendant:** Do you have any circulation or heart problems?

**Patient:** No.

**Attendant:** Do you feel any numbness?

**Patient:** No.

**Attendant:** Do you take any medicine daily?

**Patient:** No.

**Attendant:** Any allergies?

**Patient:** Hmm. No.

**Attendant:** Do you have high blood pressure?

**Patient:** Yes I do. It’s minor, I don’t even take pills.

**Attendant:** Thank you David. Please have a seat and I will talk to you in a minute.

**Patient:** Okay.