

# NEW PATIENT INTAKE

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

MALE  FEMALE  LGBTQ \_\_\_\_\_

PARENT/LEGAL GUARDIAN (IF APP) \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_ ID # \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_ ID # \_\_\_\_\_

CURRENT/RECENT PCP: \_\_\_\_\_

## MEDICATIONS AND HEALTH ISSUES:

### **PLEASE BRING A COPY OF CURRENT MEDICATION LIST FROM PHYSICIAN OR PHARMACY**

<u>MEDICATION NAME</u>	<u>DOSAGE</u>	<u>REASON FOR MEDICATION</u>	<u>HEALTH ISSUES</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____

DOCTOR REQUESTED: \_\_\_\_\_

\*\*\*Once you are accepted by a provider, you must schedule an establishing appointment within 4 weeks to become a patient of Milltown Family Physicians. \*\*\*

-----FOR OFFICE USE ONLY-----

ACCEPT: \_\_\_\_\_ DECLINE: \_\_\_\_\_