Hp Medicine

HermitsPointMedicine.com
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PATIENT INFORMATION AND INTAKE FORM

Name	**Date of Birth**
Phone	**Occupation**
Email	**ER Contact Name/Relation**
Address	**ER Contact Phone**

MEDICAL

Allergies		
Medications		
Current/Recent Illness or Diagnosis		
Any Disorders, Diagnosis or Surgery for the following:		
☐ Brain/Psychological ☐ Bones/Blood ☐ Cardiovascular/Heart Please Explain:_____	☐ Digestive/Pancreas/Intestines ☐ Endocrine/Hormones ☐ Kidneys/Bladder _____	☐ Nerves/Muscles ☐ Reproductive/Natal ☐ Skin/Liver/Gallbladder _____

TODAY'S VISIT

Primary Complaint?	**How long have you had this?**
Pain Level Today (circle) 0 1 2 3 4 5 6 7 8 9 10	
Secondary Concerns?	
Pain Level Today (circle) 0 1 2 3 4 5 6 7 8 9 10	

I affirm that all information is true and correct to the best of my knowledge.
I acknowledge that I have reviewed the Notice of Privacy Practices and am consenting to the use and/or disclosure of my health information to treat me and arrange for necessary medical care under the guidelines of HIPAA.

NAME PRINTED_____**RELATIONSHIP**_____
SIGNATURE _____**DATE**_____