HarmonyCare
family practice

NEW PATIENT INTAKE FORM

Date: _____

Name: _____

Address: _____

Phone: _____

Date of Birth: _____Age:_____

PHN: _____

Occupation: _____

Previous Family Doctor and name of Medical Clinic (if applicable): _____

_____

How long with last Family Doctor? _____

MEDICAL HISTORY

1.Please list out all of your medical conditions:

_____

_____

_____

_____

_____

SURGICAL HISTORY

2. Please list out all of your surgeries:

_____

_____

_____

_____

MEDICATIONS

3.Please list out all of your current medications:

_____

_____

_____

_____

_____

SOCIAL HISTORY

Smoker : ◯ Yes ◯ No

If yes: 1) How many cigarettes per day? _____

2) How many years have you been smoking? _____

Alcohol use: ◯ Yes ◉ No

If yes: 1) How many drinks per week? _____

2) How many years have you been drinking? _____

Recreational drugs including marijuana : ◯ Yes ◉ No

Vaping/Chewed Tobacco/Other substance: _____

Diet: _____

Exercise: _____

FAMILY HISTORY

Please list out any relevant medical history for the following family members:

Mother: _____

Father: _____

Siblings: _____

Grandparents: _____

Anyone else: _____

DRUG ALLERGIES: _____

OTHER ALLERGIES: _____

Marital Status

Please circle:

Single ◉ Married ○ Divorce ○ Widow ○

Do you have children: ○ No ○ Yes

How many children: _____

ADDITIONAL COMMENTS:

_____
_____
_____
_____
_____
_____