Intrepid Family Medicine

Concierge Medical Suite

Name:_____

Birthdate:_____ Age:_____

Gender:_____ What are your pronouns (optional): _____

Address:_____

City:_____ State:_____ Zip:_____

Cell Phone:_(_____)_____ Carrier: _____

Other Number:_(_____)_____

Email:_____

⬜ Ok to contact ⬜ Ok to leave DETAILED message

How did you hear about us?_____

Would you like to share your health information with someone?:_____
You may revoke this permission at any time by calling 561-612-3200

Prior Primary Care Doctor:_____ Other Providers:_____

Preferred Pharmacy:_____

Do you have insurance/ a health sharing ministry? ⬜ Yes ⬜ No

Please give us your insurance card to copy if you ever want labs, or imaging billed to them.

What are your goals today?_____

_____

_____

1411 North Flagler Drive, Suite 8200, WPB, FL 33401

(561) 612-3200

intrepidfamilymedicine@gmail.com

Intrepid Family Medicine

Concierge Medical Suite

MEDICAL PROBLEMS (PAST OR PRESENT):

Seizures		Thyroid Problems		High Blood Pressure		Weight Problems	
Stroke or mini-stroke		COPD / Emphysema		High Cholesterol		Eating Disorder	
Head Injury		Seasonal allergies		Heart Problems		Depression or Anxiety	
Migraines or chronic headaches		Sleep apnea		Diabetes or pre-diabetes		Psychiatric Illness	
Memory loss / Alzheimer's		GERD / heartburn		Blood clots		Insomnia	
Neuropathy/nerve issue		Ulcers or bleeding		Numbness or Tingling		Alcohol / Drug Addiction	
Autoimmune disease		Diverticulosis/litis		Orthopedic Injury		Easy Bruising / Bleeding	
Hepatitis or HIV		Colon Problems		Abnormal Pap Smears		Easy Scarring / Keloids	
Eye Problems		Hemorrhoids		Erectile Dysfunction		Cancer (type):	
Hearing Problems		Chronic Pain		Genital Herpes			

Is there anything else you would like us to know about your medical history? _____

_____

For women: Are you possibly pregnant and/or breastfeeding? ☐ Yes ☐ No

SURGICAL HISTORY & HOSPITALIZATIONS:
ALLERGIES

_____

_____

_____

ALLERGIES: ☐ **NO MEDICATION**

☐ PENICILLIN ☐ SULFAS ☐ LATEX

OTHER_____

SENSITIVITIES: ☐ **NO MEDICATION SENSITIVITIES**

1411 North Flagler Drive, Suite 8200, WPB, FL 33401

(561) 612-3200

intrepidfamilymedicine@gmail.com

Intrepid Family Medicine

Concierge Medical Suite

MEDICATION & SUPPLEMENTS:

Name	*Dose*	*Frequency*		*Name*	*Dose*	*Frequency*
1.				6.		
2.				7.		
3.				8.		
4.				9.		
5.				10.		

HABITS:

What do you do for exercise? _____ How often?_____

Do you smoke? ⬜ Yes ⬜ No Have you ever smoked for more than 1 year? ⬜ Yes ⬜ No

If yes- how many years did you smoke? _____ How many packs per day? _____

How many glasses of beer, wine or hard liquor do you drink in an average **week**? None, 1-3, 3-5, 5-7, 7-10, 10 or more.

Have you ever had an addiction to prescription medication: ⬜ Yes ⬜ No

Have you ever used illegal drugs: ⬜ Yes ⬜ No

If yes- are you presently taking medications not prescribed for you, buying or getting medications outside of a physician and/or do you believe this is something you need help with? ⬜ Yes ⬜ No

Do you follow a particular eating plan (keto, paleo, gluten free, no dairy etc??)_____

Is there anything else you would like us to know about your medical care or personal philosophy about your healthcare?

_____

FAMILY HISTORY:

What medical problems run in your FIRST degree relatives? (your mother, father, siblings, children)?

_____

_____

WELLNESS SCREENING: When was your last (put dates to right of item, please)

1411 North Flagler Drive, Suite 8200, WPB, FL 33401

(561) 612-3200

intrepidfamilymedicine@gmail.com

Intrepid Family Medicine

Concierge Medical Suite

Labs/Cholesterol test		Colonoscopy		Flu Shot	
Dental Exam		Mammogram (women)		Tetanus Shot (Td or TdaP)	
Eye Exam		Pap Smear (women)		Shingles Shot(s)	
Prostate Test (PSA) (men)		Bone Density (DEXA) - (women)		Pneumonia Shot(s)	

- I was offered a copy of HIPAA (Government Privacy Policies).
- I understand Intrepid Family Medicine is NOT insurance and does not send any claims to insurance companies.
- I understand that I will be billed monthly for Intrepid Family Medicine services, whether I have a patient visit or not.
- I understand that Intrepid Family Medicine is a collaborative practice and that the physician (MD), Nurse Practitioner and Physician Assistant work together to care for all members.

Printed Name: _____

Patient Signature: _____ Date _____

1411 North Flagler Drive, Suite 8200, WPB, FL 33401

(561) 612-3200

intrepidfamilymedicine@gmail.com