**Primary Care/Sick Visit Intake Form**

**Patient Name_____DOB_____ Age ____**

**Email Address _____ Phone Number _____**

Male _____ Female _____

Married_____ Single_____ Divorced_____ Widow(er)_____ Partner_____ Other _____

**List all Allergies:**_____

Pharmacy Name, Address, Phone#

_____

**Chief Complaint:**_____
**____**

Duration of current illness_____

Anything make it better_____

Anything make it worse _____

Pain level 0 -10 (0 -no pain, 10 - you were hit by a truck pain)_____

**List medications/supplements with dosages below**:

_____
_____
_____
_____
_____
_____
_____----------___
_____

**Patient Medical History (circle all that apply):**

Stroke/TIA Autoimmune disease (Ex: lupus, MS) Infectious disease (Ex: TB, HIV, Hep C)

Asthma Seizures Diabetes 1 or 2 High blood pressure High Cholesterol

COPD Thyroid disease Anemia/bleeding disorders Kidney disease Back pain

Chronic Pain Arthritis/Bone disease Ulcers/Acid reflux Migraines/Cluster Headaches

Glaucoma Macular Degeneration Sleep Apnea Heart Disease Cancer

Tooth pain Skin disorders (Ex:eczema, psoriasis) Neurological disorders

Other - Please Explain

_____

**Male: (Circle all that apply)**

BPH Priapism Urinary Incontinence Frequent Nighttime Urination

**Female: (Circle all that apply)**

Last menstrual period date _____ Pregnant Y ____ N____ Number of Pregnancies ___

Number of children_____ Last Gynecological Exam date _____ Last Breast Exam Date_____

Mammogram Date _____ DEXA Scan Date _____

**Major Surgeries/Traumas/Hospitalizations:**

_____
_____
_____

**Mental Illness (circle all that apply):**

Depression Anxiety Schizophrenia Bipolar Disorder PTSD Suicide attempts

Other_____

**Substance Use History**

Illicit Drug use: Y__N__ Alcohol use: Y__N__ Medical Marijuana: Y__N__ Tobacco use: Y__N__ Caffeine use: Y__N__ Methadone/Suboxone/Subutex: Y__N__ (If marked yes to any, please explain what, how often/long, amount, etc below).

_____
_____

**Is there anything else you would like me to know about your medical/psychiatric history?**

_____
_____