



Fountains of Health

Fountains of Health, LLC

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TELEHEALTH INTAKE

Today's Date _____

PATIENT'S NAME (Last) _____ First _____

Date of Birth _____

Vital signs

T _____

BP _____

P _____

R _____

Height: _____ Weight _____

What are your complaints today?

Do you feel safe at home? _____

Please explain if no:

Link to call will be sent through **Doxy.me** or **Updox**