

MOUNTAIN MEDICINE

Warm Springs

PATIENT INTAKE FORM

**2 OF 2
PAGES**

Last Name	First Name	Middle Name	Preferred Name
_____	_____	_____	_____
Date of Birth	SSN	Gender	
____/____/____	_____	Male Female	
Street Address		City	State
_____		_____	_____
Home Phone	Mobile Phone	Work Phone	Other
_____	_____	_____	_____
Home Email Address		Work Email Address	
_____		_____	

EMERGENCY CONTACTS

1st Contact	Full Name	Mobile Phone	Email Address	Relationship
	_____	_____	_____	_____
2nd Contact	Full Name	Mobile Phone	Email Address	Relationship
	_____	_____	_____	_____
3rd Contact	Full Name	Mobile Phone	Email Address	Relationship
	_____	_____	_____	_____

CURRENT MEDICATIONS & ALLERGIES

Please list all current medications (including dosage and frequency)

Please list any allergies (if none, please indicate "none" below)

We believe in treating the whole person, not just the symptoms. Our holistic approach to medicine combines traditional and alternative therapies to help you achieve optimal health and wellness. We provide access to minor medical needs and access to healthy foods and healthier services.

2 of 2 pages

Mountain Medicine of Warm Springs • 85 Broad Street • Warm Springs • Georgia • 31830 • 706.655.3702
email both completed pages to info@mountainmedicine-ga.com prior to your appointment

