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[www.asepticprimarycare.com](http://www.asepticprimarycare.com)

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## NEW PATIENT INTAKE FORM

### I. Patient Information

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex M or F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

### II. Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number/s \_\_\_\_\_

### III. Insurance

Who is responsible for this account \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Insurance \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

### IV. Basic Health Information

Primary Care Provider \_\_\_\_\_ Date Last Seen \_\_\_\_\_

Recent Hospitalization \_\_\_\_\_

Preferred Pharmacy Name and Location \_\_\_\_\_

### V. Medical History

#### Surgeries

Type of Surgeries	Date (Approximate)	Hospital



**Family History**

	Yes	No	Family members
<b>Cancer (Type)</b>			
<b>Diabetes</b>			
<b>Heart Attack/Stroke</b>			
<b>Alzheimer's / Dementia</b>			
<b>Psychiatric – Bipolar, Schizo</b>			
<b>Other</b>			

**Social History**

	Current	Former	Plans of quitting
<b>Cigarettes</b>			
<b>Alcohol Use</b>			
<b>Street drugs</b>			
<b>Other</b>			

**Allergies**

Name of Allergen	Reaction	Onset date



**VI: Reason for Visit**

**Chief Complaint today: \_**

**Check all that apply:**

<b>Anxiety</b>	<b>Stroke</b>	<b>Osteoarthritis</b>	<b>Asthma</b>
<b>Depression</b>	<b>A-fib</b>	<b>Back Pain</b>	<b>COPD</b>
<b>Bipolar</b>	<b>Blood Clot</b>	<b>Chronic pain synd.</b>	<b>Chronic Sinusitis</b>
<b>Schizophrenia</b>	<b>Diabetes</b>	<b>Constipation</b>	<b>Allergies</b>
<b>Insomnia</b>	<b>Hypertension</b>	<b>Hypothyroidism</b>	<b>Sleep Apnea</b>
<b>Migraine</b>	<b>CHF</b>	<b>Seizures</b>	<b>Cancer</b>
<b>Alzh/ Dementia</b>	<b>Edema</b>	<b>Parkinson's</b>	<b>Stomach ulcer</b>
<b>Gait abnormality</b>	<b>High cholesterol</b>	<b>Anemia</b>	<b>Pneumonia</b>
<b>Other:</b>	<b>Other:</b>	<b>Other:</b>	<b>Other:</b>

**File Upload ( health record, labs, or relevant documents):**

**Current Medications and dosages:**