

# MEDICAL INTAKE FORM



Options Location:  ▼

**Client Name:**  **Age:**  **Height:**  **Weight:**

**Date of Birth:**

Which hand do you use to write?  Left  Right

PCP:

Are your immunizations up-to-date?  No  Yes

Do you exercise?  No  Yes

If yes, please describe:

**Tobacco:**  No  Yes

If yes, # of cigarettes/day:  # of years:  Last use?

**Alcohol:**  No  Yes

If yes, frequency?  Last use?

**Marijuana:**  No  Yes

If yes, frequency?  Last use?

**Drug use:**  No  Yes

If yes, frequency?  Last use?

**Are you pregnant?**  No  Yes

**Is it possible you could be pregnant?**  No  Yes



**MEDICAL HISTORY** - Please check *current* or *previous* medical conditions.

- Anemia  Asthma  Blood clots  Thyroid  Anxiety  Diabetes  Frequent UTI  Fibromyalgia  Heart attack  Emboli  Alcoholism  Depression  Emphysema  Liver Disease  Arthritis  HIV  Heart disease  Cancer  MRSA infection  Osteoporosis  Kidney Disease  Gout  Neuropathy  High cholesterol  Rheumatoid arthritis  RSD/CRPS  High blood pressure  Sexual Dysfunction  Stroke/Seizure  Substance abuse  Psychiatric illness  Ulcers/Wounds  Irregular heartbeat  Sleep Apnea

Head injury with loss of consciousness?  Yes  No

If yes, when?

Head injury without loss of consciousness?  Yes  No

If yes, when?

Other

**PAST SURGICAL HISTORY** - Please list any previous surgical procedures, the date, and location.

Procedure:	Date:	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**FAMILY HISTORY** - Please check medical conditions that are present in your family history.

Cardiac:  Heart attack  Irregular heartbeat  Sudden death

Musculoskeletal:  Arthritis  Rheumatoid disease

Neurological/Psychiatric:  Seizures  Stroke  Depression  Psychosis

Endocrine/Hematologic:  Thyroid  Diabetes  Bleeding/clots

Anesthesia problems:  No  Yes

Cancer:  No  Yes

Musculoskeletal:  Arthritis  Rheumatoid disease

**REVIEW OF SYSTEMS** - Please check if you have *current symptoms* or medical problems in the following areas.

**Constitutional**  None  Weight loss  Weight gain  Insomnia  Chronic Fatigue  Other

Other

**Ears, Nose, Throat**  None  Loss of Hearing  Seasonal Allergies  Sinus Pain  Ringing in Ears

Other:



Other:

**Heart**  None  Chest Pain  Hypertension  Edema  Palpitations  High Cholesterol  Other:

Other

**Respiratory**  None  Asthma  Wheezing  Frequent Cough  Other:

Other

**GI**  None  Heartburn/Indigestion  Ulcer  Abdominal Pain  Stomach Bleed  Other

Other

**Skeletal**  None  Arthritis  Muscle Weakness  Joint Pain  Back Pain  Other:

Other

**Skin**  None  Rash  Ulcers  Scars  Other :

Other

**Neurological**  None  Headaches  Seizures  Numbness  Dizziness  Other:

Other

**Psychiatric**  None  Depression  Mood Swings  Anxiety  Other:

Other

**Endocrine**  None  Diabetes  Hypothyroid  Hyperthyroid  Hot Flashes  Other

Other

**Hematology**  None  Easy Bruising  Bleeding  Anemia  Other:

Other

**Pain** Do you have pain?  No  Yes



If yes, pain location:

**Pain Intensity** - Please elect the number, or range of numbers, that best describes the intensity of your pain.

0..... 1..... 2..... 3..... 4..... 5..... 6..... 7..... 8..... 9..... 10.....

Mild  
imaginable

Moderate

Severe

Worst pain

**ALLERGIES**  None  Penicillin  Sulfa  Latex  Other:

**MEDICATIONS** - Please list the medications you are taking below.

Medication:	Prescriber:	Frequency:	Dose:
Start Date			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			

X



# Signature Certificate

Document name: MEDICAL INTAKE FORM

Unique Document ID: 409C000ED1B9C4E65FFA98AE0E2CFC28B3C5360D

LEGALLY SIGNED USING  
**WP**esignature  
Build. Track. Sign Contracts.

## Timestamp

## Audit

May 11, 2020 10:03 am PST	MEDICAL INTAKE FORM Uploaded by Adam Falk - adam.falk@options.org IP 69.1.101.108
May 11, 2020 11:38 am PST	Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 50.240.25.195
May 11, 2020 11:41 am PST	Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 50.240.25.195
May 11, 2020 11:42 am PST	Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 50.240.25.195
May 11, 2020 11:44 am PST	Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 50.240.25.195
May 11, 2020 11:46 am PST	Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 50.240.25.195
May 11, 2020 12:36 pm PST	Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 50.240.25.195
May 11, 2020 12:38 pm PST	Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 50.240.25.195
October 27, 2020 10:54 am PST	Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 108.174.191.234
October 28, 2020 8:08 am PST	Options Records - OCFSrecords@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 108.174.191.234
October 30, 2020 10:34 am PST	Options Intake - intake@options.org added by Adam Falk - adam.falk@options.org as a CC'd Recipient Ip: 108.174.191.234



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

Page 5 of 5