# Patient Intake Form

**Purpose:** This form is used to collect essential patient data for new individuals receiving care. It includes personal contact details, emergency contacts, medical history, current medications, allergies, and insurance information.

## Patient Information

**Full Name:** {fullName}

**Date of Birth:** {dateOfBirth}

**Gender:** {gender}

**Phone Number:** {phone}

**Email Address:** {email}

**Address:** {address}

## Emergency Contact

**Contact Name:** {emergencyContactName}

**Relationship to Patient:** {emergencyRelationship}

**Phone Number:** {emergencyPhone}

## Insurance Information

{#hasInsurance}

**Insurance Provider:** {insuranceProvider}

**Policy Number:** {policyNumber}

**Group Number:** {groupNumber}

{/hasInsurance}

{^hasInsurance}

No insurance information provided.

{/hasInsurance}

## Medical History

Please check all that apply:

{#medicalConditions}

* {conditionName}

{/medicalConditions}

## Current Medications

{#currentMedications}

* **{medicationName}:** {dosage}, {frequency}

{/currentMedications}

## Allergies

{#allergies}

* {allergy}

{/allergies}

## Primary Care Physician

**Doctor’s Name:** {doctorName}

**Phone Number:** {doctorPhone}

**Clinic Name:** {clinicName}

## Consent and Signature

I, **{fullName}**, confirm that the above information is accurate to the best of my knowledge and consent to treatment according to clinic policies.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** {signatureDate}