

## NEW PATIENT INTAKE WORKSHEET

Date of Intake: \_\_\_\_\_ Patient Account Number: \_\_\_\_\_

<b>APPT DATE:</b> _____	<b>TIME:</b> _____	<b>MD:</b> _____
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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Text:  YES  NO VM:  YES  NO

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Referred by:**

- MD/OB:** \_\_\_\_\_
- Friend:** \_\_\_\_\_
- Magazine:** \_\_\_\_\_

**Online:**

- Yelp**  **YP**
- Facebook**  **Surewest**
- Google**  **Twitter**

Insurance: \_\_\_\_\_ HMO? \_\_\_\_\_ Med Group: \_\_\_\_\_

Subscriber Y / N & ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Spouse covered on policy: Y / N Insurance Customer Service  
Phone #: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

<b>Military Status:</b>	<b>Active Duty/ Reserve/ Veteran -Branch:</b>	<b>No Service</b>
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Partner/Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mobile Phone# \_\_\_\_\_ Text:  YES  NO VM:  YES  NO  
Has Partner seen Dr. Gould? **Y / N** S/A @ NCFMC? **Y / N**

Insurance: \_\_\_\_\_ HMO? \_\_\_\_\_ Med Group: \_\_\_\_\_

Subscriber Y / N & ID# \_\_\_\_\_ Group#: \_\_\_\_\_

Spouse Covered on policy: Y / N Insurance Customer Service  
Phone #: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

**TREATMENT TYPE:** \_\_\_\_\_

<b>NP Info Mailed/Emailed</b>		
<b>Patient Portal Access</b>		
<b>Partner Portal Access</b>		
<b>Authorization #</b>		

Micro: