Patient Intake Form

Demographics, insurance, history & consent to treat

Complete before your first appointment. A parent or legal guardian must sign for patients under 18.

Patient information

Full name

Date of birth

Address

Phone

Email

Insurance & billing

Insurance provider

Policy / group number

Responsible party (if not patient)

Relationship

Medical history

Primary care physician

Reason for visit

Medical history and current conditions

Current medications

Allergies

Consent to treat

I certify that the information provided above is accurate and complete to the best of my knowledge. I consent to examination and treatment by this

practice and its providers, and I authorize the release of information necessary to process insurance claims. Replace this placeholder with consent-to-treat language reviewed by your compliance lead or attorney for your practice and jurisdiction.

☐ I have read and agree to the consent-to-treat statement above.

Parent / guardian (if patient is a minor)

Guardian name

Relationship

Signatures

The patient signs; a parent or legal guardian signs for a minor.

Patient signature

Date

Guardian signature

Date