Georgia Renew Clinics | 1370 Thompson Bridge Rd. Suite 101, Gainesville, GA |678-769-7008

Patient Intake form

Personal Information

Patient Name: _____

Age: _____ Birth Date: ___/___/___ Gender: _____

Address: _____

City: _____ State: _____Zip: _____

Telephone (Day): _____Telephone (Mobile): _____

Email Address: _____

Occupation: _____

How did you hear about us? _____

Who is your primary health care provider/MD? _____

Emergency Contact: _____Phone: _____

Health Concerns

Please identify your primary health concerns

1._____

_____

How long have you had this problem? _____

_____

2.Have you been given a diagnosis for these concerns? _____

_____

3.What other treatments have you tried and what were the outcomes? _____

_____

_____

Personal Medical History (please include your childhood history)

Illnesses	
Surgeries	

Significant Trauma (i.e. MVA, fractures, physical/emotional abuse)	
Do you have a history of current or past infectious disease? Please describe	
Medications (please list all medications, herbs, vitamins, and over the counter drugs with the dosage and frequency) Drug Allergies:	***1*** ***2*** ***3*** ***4*** ***5*** ***6*** ***Reaction:***

General (please check all that apply)

__Poor Appetite __Changes in Appetite __Chills
__Excessive Appetite __Weakness __Fatigue
__Hearing Loss __Fevers __Tremors
__Strong Thirst __Sudden energy drops __Weight Loss
__Puffiness or Swelling __Poor Balance __ Trouble Falling Asleep
__Night sweats __Cravings __History of Drug or Alcohol Abuse

Head, Eyes, ears, Nose and Throat

__Dizziness __Toothache __Blurry Vision
__Cataracts __Ear Ringing __Sinus Problems
__Taste/Smell problems __Headaches __Concussion/Head Injury
__Eye Strain/Pain __Night Blindness __Tooth/ Gum problems
__Nose Bleeds __Facial Pain __TMJ Pain
__Migraines __Earaches __Spots in front of eyes
__Recurrent Sore throat __Lip or Tongue Sores __Floaters

Cardiovascular

__High Blood Pressure __Phlebitis __Swelling of Hands or Feet
__Cold Hands or Feet __Low Blood Pressure __Fainting
__Palpitations __Blood Clots __Irregular Heartbeat

Gastro-Intestinal

__Nausea __Indigestion __Belching

Urology

__Painful Urination
__Frequent Urination
__Urgency to Urinate
__Unable to Hold Urine
__Frequent Night Urination

Neuro-Psychological

__Seizures
__Twitches
__Irritability
__Poor Memory
__Tremors
__Areas of Numbness
__Lack of Coordination
__Loss of Balance
__Anxiety
__Concussion
__Depression
__Stress
__Mood Swings

Musculo-Skeletal

__Arthritis
__Muscle Spasms
__Pain with weather changes
__Muscle Weakness
__Scoliosis
__Pain with Activity
__Muscle Cramping
__Weak Joints
__Pain After Walking