PATIENT INTAKE FORM

Welcome! Please fill in this form before your first visit. Everything you share is kept confidential.

Practice name: _____

ABOUT YOU

First name: _____ Last name: _____

Date of birth: _____ Occupation: _____

Email: _____ Mobile phone: _____

Street address: _____

City: _____ State / Province: _____ Postal code: _____

How did you hear about us? _____

EMERGENCY CONTACT & DOCTOR

Emergency contact: _____ Relationship: _____

Emergency phone: _____ Family doctor: _____

Doctor's phone: _____

YOUR VISIT

What brings you in today?

_____

_____

When did it start? _____ Has it happened before? _____

Pain or discomfort right now (0 = none, 10 = worst):

0 1 2 3 4 5 6 7 8 9 10

Overall, how is your health?

○ Excellent ○ Good ○ Fair ○ Poor

Have you had this type of care before?

○ No ○ Yes, last visit: _____

YOUR HEALTH HISTORY

This helps us plan safe and effective care for you. If you're unsure about anything, just ask.

Medications you take, and what they're for:

Surgeries, accidents or injuries (with dates):

Allergies or sensitivities (for example to oils, lotions or latex):

PLEASE TICK ANY THAT APPLY, NOW OR IN THE PAST

Head & neck

- ☐ Headaches
- ☐ Migraines
- ☐ Dizziness
- ☐ Jaw pain (TMJ)
- ☐ Ringing in ears
- ☐ Vision problems

Nerves

- ☐ Numbness
- ☐ Tingling
- ☐ Sciatica
- ☐ Epilepsy
- ☐ Seizures
- ☐ Multiple sclerosis

Bones, muscles & joints

- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Disc problems
- ☐ Scoliosis
- ☐ Tendinitis
- ☐ Bursitis
- ☐ Joint replacement
- ☐ Metal implants
- ☐ Recent fracture

Heart & circulation

- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Heart condition
- ☐ Pacemaker
- ☐ Stroke
- ☐ Blood clots
- ☐ Varicose veins
- ☐ Poor circulation
- ☐ Bleeding disorder

Breathing

- ☐ Asthma
- ☐ Bronchitis
- ☐ Chronic cough
- ☐ Shortness of breath
- ☐ Smoker
- ☐ Sinus problems

Skin & infections

- ☐ Skin condition
- ☐ Hepatitis
- ☐ Herpes
- ☐ HIV
- ☐ Tuberculosis
- ☐ Open wounds

Women's health

- ☐ Pregnant
- ☐ Recently gave birth
- ☐ Gynecological concerns

Other

- ☐ Cancer
- ☐ Diabetes
- ☐ Digestive issues
- ☐ Fibromyalgia
- ☐ Chronic fatigue
- ☐ Anxiety
- ☐ Depression
- ☐ Unexplained weight loss
- ☐ Sleep problems

Anything else we should know?

CONSENT TO TREATMENT

Please read each point below, then sign at the bottom of the page.

Practice name: _____

Practice address: _____

1 My decision

I am choosing to receive care at this practice. The benefits, risks and alternatives of my treatment have been explained to me, and I agree to be treated.

2 Results

I understand that every body responds differently, and that no specific result has been promised for any single treatment or series of visits.

3 Not a replacement for medical care

I understand that this care does not replace a medical examination, diagnosis or treatment by my doctor.

4 Keeping my practitioner informed

To the best of my knowledge, the health information I have given is complete and correct. I will let my practitioner know if anything about my health changes.

5 My privacy

My health information will be kept confidential and only disclosed where the law requires it. I agree that it may be shared with the practitioners involved in my care at this practice.

6 Fees and coverage

I understand that I am responsible for payment of my visits, and for checking whether my health plan or insurance covers any part of my treatment.

I have read and understood the points above, I have had the chance to ask questions, and I give my consent to treatment.

Patient name: _____

Signature: _____ Date: _____

RUANA

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Intake forms done before they arrive. Automatically.



No more clipboards in the waiting room. With Ruana, intake forms go out when a patient books, and every answer lands straight in their record.

HOW IT WORKS IN RUANA

01

Patient books

Online, by phone or at the front desk, whichever suits them.

02

Forms go out

Assign intake forms to a service, and Ruana sends them automatically with the booking.

03

Answers in the record

Patients fill them in at home or on an iPad, and sign. You see it all before the visit.

- Online booking & reminders
- Intake forms with e-signature
- SOAP notes & patient records
- Invoices, receipts & superbills
- Payment links & deposits
- Supports HIPAA & GDPR compliance

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"My clinic sees about 70 patients a day across 4 doctors, and the entire practice runs on Ruana."

Rouzbeh Noroozy, Chiropractor (Palmer West) and Heilpraktiker, Co-founder, Ruana

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