Patient Intake Form

Practice name

Date of visit

Patient information

Full name

Date of birth

Email

Phone

Street address

City, state / province and postal code

Emergency contact name and relationship

Emergency contact phone

Reason for your visit

What brings you in? When did it start?

What would you like to improve?

Health history

Check anything that applies to you.

- [ ] Headaches or dizziness
- [ ] Numbness or tingling
- [ ] Bone or joint conditions
- [ ] Heart or blood pressure issues
- [ ] Respiratory conditions
- [ ] Diabetes
- [ ] Pregnancy
- [ ] Previous injuries or surgery
- [ ] Other

Current medications and what you take them for

Known allergies or sensitivities

Relevant injuries, surgeries or other health details (include approximate dates)

Primary care provider (optional)

Provider phone (optional)

Template provided by Ruana

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Collect patient intake before the first visit.

Create and send personalized intake forms with Ruana. Patients can fill them out before they arrive, and you can review their answers in the patient record.



Customize your forms

Send before the visit

Review in one place

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