inclusive care group

New Patient Registration

Identification

Legal last name

Legal first name

First name used

Middle name, suffix

Suffix

Previous last name

Previous first name

Legal sex

DOB

SSN

Mother's maiden name

Contact

Address

ZIP code

Address (ctd)

City

Home phone

State

Mobile phone

Consent to text

Email

Contact preference ☐ Mobile ☐ Home ☐ Email

Insurance

Insurance Company

Group No.:

Policy Number

Member ID:

Demographics

Language ☐ English ☐ Spanish

Race _____ Decline ☐

Ethnicity _____ Decline ☐

Marital status _____

Sexual orientation _____

Gender identity _____

Assigned sex at birth ☐ Male ☐ Female

Pronouns _____

Homebound? _____

Emergency contact

Full name _____ Phone _____

Relationship _____

Next of Kin

Full name _____ Phone _____

Relationship _____

Employment

Employer name _____ Phone _____

Usual occupation (current or most recent) _____ Industry _____

How did you hear about us? _____

New Patient Medical History

Allergies

Allergy	Allergic reaction

Medications

Medication	Dose	Times per day

If you need more room to list medications, please write them on a blank sheet of paper with the required information.

Vaccination history

Last Tetanus Booster or TdaP:	Last Pnuemovax (Pneumonia):
Last Flu Vaccine:	Last Prevnar:
Last Zoster Vaccine (Shingles):	Last COVID-19:

Surgeries

Type	Date	Location/Facility

Additional information

Have you traveled outside of the country in the last 30 days? ☐ Yes ☐ No

If Yes, where?

Have you served in the military? ☐ Yes ☐ No

If Yes, how long?

Where you deployed? ☐ Yes ☐ No

If Yes, where?

Personal medical history

Disease/Condition	Current	Past	Comments
Alcoholism/Drug Abuse			
Asthma			
Cancer			
Depression/Anxiety/Bipolar/Suicidal			
Diabetes			
Emphysema (COPD)			
Heart Disease			
High Blood Pressure (hypertension)			
Renal (kidney) Disease			
Migraine Headaches			
High Cholesterol			
Hypothyroidism/Thyroid Disease			
Stroke			
Other			
Other			

Additional information

Sexualy involved currently? ☐ Yes ☐ No

Sexual Partner ☐ Male ☐ Female ☐ Both

Protection

Do you exercise regularly? ☐ Yes ☐ No

Duration?

What Kind?

How often?

How many hours, on average, do you sleep?

Tabacco use ☐ Yes ☐ No

How often?

Type: Cigar, Vape, Chew...

Past use, quit date?

Alcohol/drug use ☐ Yes ☐ No

How often?

Type: Liquor, wine, beer

Do you use marijuana or recreational drugs? ☐ Yes ☐ No

Have you ever used needles to inject drugs? ☐ Yes ☐ No

Review of systems *(Check all that apply)*

CONSTITUTION	CARDIOVASCULAR	SKIN
Activity change	Chest pain	Color change
Appetite change	Leg swelling	Pallor
Chills	Palpitations	Rash
Diaphoresis	**Gastrointestinal**	Wound
Fatigue	Abdominal distention	**ALLERGY/IMMUNO**
Fever	Abdominal pain	Environmental allergies
Unexpected weight change	Anal bleeding	Food allergies
HEAD, EAR, NOSE & THROAT	Blood in stool	Immunocompromised
Congestion	Constipation	**NEUROLOGICAL**
Dental problem	Diarrhea	Dizziness
Drooling	Nausea	Facial asymmetry
Ear discharge	Rectal pain	Headaches
Ear pain	Vomiting	Light-headedness
Facial swelling	**ENDOCRINE**	Numbness
Hearing loss	Cold intolerance	Seizures
Mouth sores	Heat intolerance	Speech difficulty
Nosebleeds	Polydipsia	Syncope
Postnasal drip	Polyphagia	Tremors
Rhinorrhea	Polyuria	Weakness
Sinus pressure	**Genitourinary**	**HEMATOLOGIC**
Sneezing	Difficulty urinating	Adenopathy
Sore throat	Dysuria	Bruises/bleeds easily
Tinnitus	Enuresis	**PSYCHIATRIC**
Trouble swallowing	Flank pain	Agitation
Voice change	Frequency	Behavior problem
EYES	Genital sore	Confusion
Eye discharge	Hematuria	Decreased concentration
Eye itching	Penile discharge	Dysphoric mood
Eye pain	Penile pain	Hallucinations
Eye redness	Penile swelling	Hyperactive
Photophobia	Scrotal swelling	Nervous/anxious
Visual disturbance	Testicular pain	Self-injury
RESPIRATORY	Urgency	Sleep disturbance
Apnea	Urine decreased	Suicidal ideas
Chest tightness	**MUSCULAR**	
Choking	Arthralgias	
Cough	Back pain	
Shortness of breath	Gait problems	
Stridor	Joint swelling	
Wheezing	Myalgias	
	Neck pain	
	Neck stiffness	

Patient's Signature

Today's Date