



### Truesdale Medical Center Intake Form

We'd like to welcome you as a new patient. Please take the time to fill out this form as accurately as possible so we can most appropriately address your health needs.

**Please print all responses.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_  
Sex/Gender: Male Female Intersex Transgender  
Race (e.g., African-American, Latino, Asian, Caucasian, etc): \_\_\_\_\_  
Ethnicity: Hispanic Non-Hispanic  
Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OK to leave a message? Y N  
Email Address: \_\_\_\_\_ OK to contact by email: Y N  
Employment Status: Full Time, Part Time, Not Employed, Self Employed, Student, Retired  
Pharmacy Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Pharmacy Number: \_\_\_\_\_  
Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_  
Subscriber: \_\_\_\_\_ Subscriber Birthdate: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_  
Subscriber: \_\_\_\_\_  
Relationship/Marital Status: (e.g., single, married, partnered, living together, divorced)  
\_\_\_\_\_  
Name of Your Partner or Spouse: (if applicable) \_\_\_\_\_  
Language Spoken Most Often: \_\_\_\_\_ Do You Need an Interpreter? Y N

**What is your concern for today's visit?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient, Parent or Guardian