

NEW PATIENT INTAKE INFORMATION

The Shankle Clinic

Address: 3900 West Coast Hwy, Suite 310 Newport Beach, CA 92663

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New Patient Intake Contact: Sharon Ext 234 Email: sgoodmanson@shankleclinic.com

Patient Name (First, Middle, Last):

Male or Female:

Patient Date of birth:

Address:

Preferred Phone number:

Cell Number:

Email (appointment reminders will be sent to this):

Primary Contact Name / Relation to the Patient:

Primary Contact Number:

POA or Advanced Health Care Directive Information:

Name of Primary Care Physician:

Primary Care Physician Office number:

Primary Care Physician Office Fax:

Insurance information

Carrier:

Plan (PPO/HMO?):

ID number:

Group name / number:

Insurance provider/customer service number:

Is the Patient still driving?: yes or no

Drivers License #:

Preferred Pharmacy:

Pharmacy Phone number:

Do you give Shankle Clinic permission to upload prescriptions from your pharmacy record to our Electronic Health Record? Yes or no (this is in order to check that meds do not interfere with others)

Any drug Allergies?

Medical History (Is the condition controlled with meds)

Start Date? ____ Is it controlled? ____

Atrial Fibrillation/Irregular heart beat?

Traumatic Brain Injury?(with or without loss of consciousness in lifetime?)

Coronary Artery Disease?

Mild Cognitive Impairment or dementia due to any cause?

Valvular Heart Disease?

Myocardial Infarction or Heart Attack?

Female: Hysterectomy, ovaries removed?

Stroke, Mini Stroke or TIA?

Hormone Replacement Therapy? Yes or no

Pre-Diabetes?

Diabetes?

High Blood Pressure?

High Cholesterol?

Sleep Apnea?

Chronic lung Disease, Asthma, Bronchitis, COPD?

Brain Cancer? (treatment, chemo, radiation,surgery)?

Other Cancer?

Chronic pain?

Depression?

Attention Deficit Disorder?