Wholesome Family Medicine

4036 S. 6th St. Ste #2 Klamath Falls, OR 97603
Phone: (541) 851-9320 Fax: (541) 851-9322

Screening Intake

Name: _____
Last *First* *M.I.*

Date of Birth: _____ **Age**: _____ **Gender**: **F** **M** _____

Contact Information:

Address: _____

City:_____ **State:** _____**Zip Code:**_____

Telephone: Please circle the preferred number to contact you:

Home #:_____Work #:_____Cell #:_____

E-mail:_____

What are you here for today?_____

MEDICATIONS

Please list all medications and supplements (with doses) currently being taken.

_____

_____

_____

_____

_____

Medication Allergies: Please list all medications you know you are allergic to:

Medication:	**Reaction:**
_____	_____
_____	_____
_____	_____

MEDICAL HISTORY

Please list all medical diagnoses with initial dates below:

Condition: _____ **Date:**_____

Condition: _____ **Date:**_____

Condition: _____ **Date:**_____

Condition: _____ **Date:**_____

Condition: _____ **Date:**_____

Additional: _____

SYMPTOMS

Please circle: Y=current condition N=never had P=had in the past

Skin issue	*Y P N*	*Gas/bloating*	*Y P N*	*Bloody urine*	*Y P N*
Infection	*Y P N*	*Heartburn*	*Y P N*	*Anxiety*	*Y P N*
Bleeding gums	*Y P N*	*Belching*	*Y P N*	*Depression*	*Y P N*
Nose bleeds	*Y P N*	*Nausea/Vomiting*	*Y P N*	*Sleep problems*	*Y P N*
Headaches	*Y P N*	*Anemia*	*Y P N*	*Night sweats*	*Y P N*
Dizziness	*Y P N*	*Urinary issues*	*Y P N*	*Sensitive to light*	*Y P N*
Change in vision	*Y P N*	*Breathing trouble*	*Y P N*	*Body/Breath odor*	*Y P N*
Hearing loss	*Y P N*	*Easy bruising*	*Y P N*	*Sinus infections*	*Y P N*
Sore throat	*Y P N*	*Sinus issue*	*Y P N*	*No appetite*	*Y P N*
Runny nose	*Y P N*	*Back pain*	*Y P N*	*Nightmares*	*Y P N*
Trouble swallowing	*Y P N*	*Canker sores*	*Y P N*	*Wheezing*	*Y P N*
Stomach pain	*Y P N*	*Cough*	*Y P N*	*Fever*	*Y P N*
Diarrhea	*Y P N*	*Unintended weight loss*	*Y P N*	*Frequent colds*	*Y P N*
Constipation	*Y P N*	*Bleeding tendency*	*Y P N*	*Excessive fatigue*	*Y P N*

Do you have any other symptoms not mentioned? _____

_____

Is there anything else relevant to your health that you feel would be helpful to share?: