

**Initial Intake**  
 Chapel Hill Primary Care  
 55 Vilcom Circle, Suite 110  
 Chapel Hill, NC 27514

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of Appointment \_\_\_\_\_

Phone:	E-Mail Address:
Address:	City/State/Zip
Occupation:	Referred by:
Emergency Contact:	

**Please enter the following information:**

What is your primary reason for seeing the doctor today? What concerns would you like addressed?

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**Medical Profile**

(May continue on back if needed)

Previous medical diagnoses:			
Previous surgery/hospitalization	Y	N	If Y, explain:
Accident/injury	Y	N	If Y, explain:
List current medications and supplements, with their doses			
Allergies:			

**Mark all conditions you have had or currently experience:**

X	Condition	Past	Present (within 1 year)		X	Condition	Past	Present (within 1 year)
	Allergies					High cholesterol		
	Aneurysm					Irritable bowel		
	Angina					Joint injuries		
	Asthma					Kidney disease		
	Cancer					Obesity		
	Depression/anxiety					Osteo/rheumatoid arthritis		
	Diabetes					Osteoporosis		
	Disc problems					Pacemaker		
	Emphysema					Phlebitis/blood clots		
	Fractures					Reflux		
	Heart surgery/CABG					Seizures		
	Hepatitis/liver disease					Stroke		
	Hernia					Ulcer		
	High blood pressure					Varicose veins		

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of Appointment \_\_\_\_\_

Please describe your diet and exercise habits. \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Have you ever smoked? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ Have you ever? \_\_\_\_\_ If yes, in the past 4 months, how much and how often? \_\_\_\_\_

**Date of your last**

<b>Pap smear</b>	<b>Tetanus shot</b>	<b>Mammogram</b>
<b>Bone density</b>	<b>Colonoscopy</b>	

Is there anything else about your health history you feel we need to know? \_\_\_\_\_

What do you do to manage stress in your life? \_\_\_\_\_

**Family history**

<b>Condition</b>	<b>Parents</b>	<b>Grandparents</b>	<b>Siblings</b>	<b>Children</b>
Alzheimer's				
Cancer				
Diabetes				
Heart disease				
High blood pressure				
Stroke				
Other				