



# CHOICES IN HEALTH

Where leading-edge medicine meets innovative care

120 Old Laramie Trail East  
Lafayette, CO 80026

Phone: (303) 444-0840  
Fax: (303) 444-0838

[www.choicespc.com](http://www.choicespc.com)

## New Patient Intake Form

Date \_\_\_\_\_

Age \_\_\_\_\_

NAME: \_\_\_\_\_

Who referred you to this practice?: \_\_\_\_\_

Current Primary Care Physician: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

Reason for Visit? \_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

Current Symptoms? \_\_\_\_\_

Current allergies/intolerance to medication, food, etc.?

No

Yes, please list

---

---

**Current and / or past medical conditions?**

No

Yes, please list

---

---

---

**Have you had any surgeries?**

No

Yes, please list type and date

---

---

**Please list all daily prescription medications, over the counter medications, and supplements.**

---

---

---

---

**Family Medical History-** Have any of your direct relatives had the following?

Bladder Cancer   Prostate Cancer   Kidney Cancer   Kidney Stones  
Interstitial cystitis   Enlarged prostate  
High Blood Pressure   Diabetes   heart disease   stroke

Other \_\_\_\_\_

## Social History

**Marital status:** Single Married Divorced Widowed Life Partner

Children? \_\_\_\_\_

Occupation, former occupation? \_\_\_\_\_

**Have you ever smoked?**

**No**

**Yes:** If yes, how long? \_\_\_\_\_

Did you quit? \_\_\_\_\_

**Do you consume alcohol? No Yes**

Social

Light

Moderate

Heavy

**Do you drink caffeinated beverages?**

**No**

**Yes:** Type? \_\_\_\_\_

How many per day? \_\_\_\_\_

**Review of Systems; please circle if you have any of the following:**

Constitutional: Fever, Weight Loss, Chills

Eyes: Blurry vision, Double vision, Cataracts

Ears, Nose, Mouth, Throat: Hearing Loss, Nasal stuffiness, Sore throat

Cardiovascular: Chest Pains, Swollen ankles, Irregular heartbeat

Respiratory: Shortness of Breath, Wheezing, Chronic cough

Gastrointestinal: Abdominal pain, Nausea/Vomiting, Change in bowels

Genitourinary: Incontinence, Painful urination, Blood in urine

Musculoskeletal: Chronic Back pain, chronic neck pain, sore muscles

Skin: Rash, persistent itching, skin cancer history

Neurological: Numbness, tingling, dizziness

Hematologic/Lymphatic: Swollen glands, abnormal bleeding, transfusion history