

NP INTAKE FORM

Name _____ DOB _____ Date _____

Single _____ Married _____ Widowed _____ Divorced _____

Children # _____ # Males _____ # Females _____

Were you or are you in the military? Yes No Branch _____

What type of exercise do you do? _____

Do you have any dietary restrictions? Yes No
If yes, please specify: _____

Do you have any animals at home? Yes No
Please list what types: _____

Do you have a preferred religion? _____ Are you practicing? Y/N

Can you have blood products if needed? Yes No

Are there smoke detectors in your home? Yes No

Has your home been tested for radon? Yes No

Do you wear a seatbelt? Yes No

Are there firearms in your home? Yes No

What is your current occupation? _____ Employer _____

WOMEN ONLY

Have you ever had an abnormal pap smear? Yes No
If yes, what was the treatment? _____

Current type of birth control? _____ Age of menopause _____

Have you had a hysterectomy? Yes No

Number of pregnancies _____ Live births _____ Miscarriages _____ Abortions _____