WELCOME to Kinesis Healthcare

PATIENT INFORMATION Today's Date _____

Name _____ Date of Birth ___ /___ /____ Age _____
Gender: M / F Ethnicity (optional) _____ Occupation _____
Home Address _____ Phone _____(Home/Work/Cell)
_____ Phone _____(Home/Work/Cell)
How did you hear about us? _____ Email _____
At which phone number may we leave messages relating to our visits? _____

EMERGENCY CONTACTS

Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____

OTHER HEALTH CARE PROVIDERS

Medical Doctor _____ Permission to Contact: Y / N Phone _____
Other _____ Permission to Contact: Y / N Phone _____

WHAT ARE YOUR HEALTH CONCERNS?…List in order of importance:

1. _____ 2. _____ 3. _____

Do not write below this line

Medical History/ Problem List

	Prob / Procedure / Med (Code)	Date	Status		Prob / Procedure / Med (Code)	Date	Status
1				6			
2				7			
3				8			
4				9			
5				10			

Diagnosis Codes

Date	Code/Description	Add/Replace	End Date