

MyCatholicDoctor

Core Intake Forms



Upon completion and for further instructions, please return to: <https://mycatholicdoctor.com/intake-forms/>

Today's date

First Name

Middle Name

Last Name

Suffix

Sex

Date of Birth (MM/DD/YYYY)

Email Address

Medications and Allergies

Are you currently taking any medication? (If you're taking herbal supplements, vitamins, or over-the-counter medications, Please list them as well) e.g. Ibuprofen 200mg - 2x/day

Do you have any allergies? Please list the allergic reaction (e.g. coughing, swelling, etc.)

Please check all that apply:

Head

Trauma

Eyes

Blindness

Cataracts

Glaucoma

Wears glasses/contacts

Ears

Hearing aids

Nose/Sinuses

Allergic Rhinitis

Sinus Infection

Mouth/Throat/Teeth

Dentures

Cardiovascular

Aneurysm

Angina

DVT

Dysrhythmia

HTN

Murmur

Myocardial infarction

Other heart disease

Endocrine

Goiter

Hyperlipidemia

Hypothyroidism

Thyroid Disease

Thyroiditis

Type 1 DM

Type 2 DM

Heme/Onc

Anemia

Cancer

Infectious

HIV

STDs

Tuberculosis (dz)

Tuberculosis (exposure)

Musculoskeletal

Arthritis

Gout

M/S injury

Skin

Dermatitis

Mole(s)

Other skin conditions

Psoriasis

Respiratory

Asthma
Bronchitis
COPD - Bronchitis/Emphysema
Pleuritis
Pneumonia

Neurological

Epilepsy
Seizures
Severe headaches, migraines
Stroke
TIA

Gastrointestinal

Cirrhosis
GERD
Gallbladder disease
Heartburn
Hemorrhoids
Hepatitis
Hiatal hernia
Jaundice
Ulcer

Psychiatric

Bipolar
Depression
Hallucinations, delusions
Suicidal ideation
Suicide attempts

Genitourinary

Hernia
Incontinence
Nephrolithiasis
Other kidney disease
STDs
UTIs

Any other comments

Family History

Indicate the relationship to the family member (e.g mother, grandfather, half-brother) who have had any diseases (e.g Diabetes, hypertension):

FAMILY MEMBER	DISEASE	HEALTH STATUS		
		Alive	Deceased	Unknown
		Alive	Deceased	Unknown
		Alive	Deceased	Unknown
		Alive	Deceased	Unknown
		Alive	Deceased	Unknown
		Alive	Deceased	Unknown
		Alive	Deceased	Unknown
		Alive	Deceased	Unknown
		Alive	Deceased	Unknown
		Alive	Deceased	Unknown

Please check here if family history is unknown

Family History Comments:

Please check all that apply:

Do you use tobacco products?

Never used
Former use
Current use
Unknown

How often?

Rare
Social
Daily

Have you ever used illicit drugs?

Yes
No

How often?

Quit
Social use
Regular use
Daily use

Please describe your current exercise routine:

Inactive
Light
Moderate
Vigorous

Are you sexually active?

Yes
No

Do you drink beverages with alcohol?

Yes
No

How often?

Occasional use
Moderate use
Heavy use

Please check here if you have traveled domestically or internationally within the past 6 months

Any other comments:

Surgical History

Please check all that apply:

Aneurysm repair	Inguinal hernia repair
Appendectomy	Knee arthroplasty
Back surgery	LASIK
Bariatric surgery/gastric bypass	Laminectomy
Bilateral tubal ligation	Nasal surgery
Breast resection/mastectomy	PTCA/PCI
CABG	Pacemaker/defibrillator
Carotid endarterectomy/stent	Prostate surgery
Carpal tunnel release surgery	Prostatectomy
Cataract/lens surgery	Rotator cuff surgery
Cesarean section	Sinus surgery
Cholecystectomy/bile duct surgery	Skin cancer excision
Dilation and curettage Hemorrhoid surgery	Spinal fusion
Hip arthroplasty	TAH-BSO
Hip replacement	TURP
Hysterectomy	Tonsillectomy/Adenoidectomy
	Vasectomy

Any other past surgeries/comments:

Hospitalizations/Procedures

Please include all inpatient admissions for hospitalizations and/or procedures:

[illegible]

Implantable Devices

[illegible]

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