



DocTalker Family Medical Intake Form

Patient Information

Name: _____
Date of Birth (DOB): _____ Sex: Female Male
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Fax: _____
Email: _____

Main reason for today's visit:

Medications: Prescription and non prescription meds, vitamins, home remedies, birth control pills etc.
Please include details about dosage, form (ex: tab, pill, liquid) and frequency of medications.

Allergies or reactions to medications or food:

Recent Hospitalizations:

Location: _____ Date: _____ Duration: _____
Location: _____ Date: _____ Duration: _____
Location: _____ Date: _____ Duration: _____



Personal Medical History:

Empty box for Personal Medical History.

Relevant Family History: please indicate which family member

Empty box for Relevant Family History.

Date of most recent immunizations:

Hepatitis A _____ Hepatitis B _____ Influenza _____
MMR _____ Pneumovax _____ Meningitis _____
Tetanus _____ Varicella _____

(must have Adobe Reader)
or send to info@doctalker.com