

New Patient Intake Checklist and Documentation Guide

This document serves as a standardized checklist and documentation guide for registering new patients. Please fill out all fields below before filing this document in the patient's medical record.

1. Patient Demographics

Full Name (Last, First, Middle):

Date of Birth (MM/DD/YYYY):

Gender / Preferred Pronouns:

Phone Number:

Email Address:

Emergency Contact Name & Relationship:

Emergency Contact Phone Number:

2. Insurance and Billing Information

Primary Insurance Provider:

Policy Number / Member ID:

Group Number:

Policy Holder Name & Date of Birth:

Co-pay Amount (\$):

3. Intake Documentation Checklist

Please type "COMPLETE" or "PENDING" for each of the following documentation requirements:

Patient Registration Form:

Signed HIPAA Privacy Notice:

Patient Medical History Form:

Government-Issued Photo ID Scanned:

Insurance Card Scanned (Front & Back):

Consent to Treatment & Financial Agreement Signed:

4. Preliminary Clinical Documentation

Chief Complaint / Reason for Visit:

Known Allergies (Food, Drug, Environment):

Current Medications and Dosages:

Vital Signs (BP / HR / Temp / Weight):

5. Staff Verification & Sign-Off

Intake Staff Member Name:

Staff Signature (Type Full Name to Sign):

Date and Time Completed: