

# Geriatric Care New Patient Intake Form

## Personal Information

First Name

Last Name

Date of Birth

Gender

Phone Number

Address

## Emergency Contact

Name

Relationship

Phone Number

## Medical History

Primary Physician

Current Diagnoses / Medical Conditions

Current Medications

Allergies

Surgical History

## Functional Status

Mobility (e.g., can the patient walk unassisted?)

Assistance Needed with Activities of Daily Living (ADLs)

Hearing or Vision Difficulties

## Social History

Living Situation

Primary Caregiver or Support

Other Concerns or Notes