

**Pembina County Public Health**

**New Client Intake Form**

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| **Client Information** |
| FirstClick or tap here to enter text. | LastClick or tap here to enter text. | Date of Birth (MM/DD/YYYY)Click or tap here to enter text. | Sex[ ] Male[ ] Female[ ] Other | Marital Status[ ] Married[ ] Divorced[ ] Widowed/ Widower[ ] Single |
| AddressClick or tap here to enter text. | CityClick or tap here to enter text. | StateClick or tap here to enter text. | Zip Click or tap here to enter text. | PhoneHome Click or tap here to enter text.Cell Click or tap here to enter text. |
|  |
| **Referral Source** |
| Client is at: [ ] Home [ ] Hospital [ ] Nursing Home [ ] Other, list: Click or tap here to enter text. |
| Is the client currently working or will be working with other services? [ ] Yes [ ] No If yes, list: Click or tap here to enter text. |
| What other referrals/services is the client interested in? Click or tap here to enter text. |
|  |
| **Medical Information** |
| PhysicianClick or tap here to enter text. | FacilityClick or tap here to enter text. | PhoneClick or tap here to enter text. |
| Diagnosis/Health History | Click or tap here to enter text. |
| Allergies [ ] Yes [ ] No | Yes – Please list: Click or tap here to enter text. |
| Special Needs | Click or tap here to enter text. |
| Pharmacy Click or tap here to enter text. | LocationClick or tap here to enter text. | PhoneClick or tap here to enter text. |
| How are meds received: [ ] Mail [ ] Client picks up [ ]  Family [ ] Other Click or tap here to enter text. |
| Are any medications used a Controlled Substance [ ] Yes [ ] No | How many times a day are medications taken#  |
|  |
| **Other** |
| Pets [ ] Yes [ ] No | If yes, list type of petClick or tap here to enter text. | Smoker [ ] Yes [ ] No |
|  |
| **Emergency Contact**  |
| FirstClick or tap here to enter text. | LastClick or tap here to enter text. | RelationshipClick or tap here to enter text. |
| AddressClick or tap here to enter text. | CityClick or tap here to enter text. | StateClick or tap here to enter text. | ZipClick or tap here to enter text. | PhoneHome Click or tap here to enter text.Cell Click or tap here to enter text. |

New Client Intake 01.03.2023