

**Pembina County Public Health**

**New Client Intake Form**

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| **Client Information** | | | | | |
| First  Click or tap here to enter text. | Last  Click 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 |
| Address  Click or tap here to enter text. | City  Click or tap here to enter text. | | State  Click or tap here to enter text. | Zip  Click or tap here to enter text. | Phone  Home 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** | | | | | |
| Physician  Click or tap here to enter text. | | | Facility  Click or tap here to enter text. | | Phone  Click 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. | | | Location  Click or tap here to enter text. | | Phone  Click 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 pet  Click or tap here to enter text. | | | Smoker Yes No | |
|  | | | | | |
| **Emergency Contact** | | | | | |
| First  Click or tap here to enter text. | Last  Click or tap here to enter text. | | Relationship  Click or tap here to enter text. | | |
| Address  Click or tap here to enter text. | City  Click or tap here to enter text. | | State  Click or tap here to enter text. | Zip  Click or tap here to enter text. | Phone  Home Click or tap here to enter text.  Cell Click or tap here to enter text. |

New Client Intake 01.03.2023