

Case Management Intake Form

Patient information	
Full name:	
Date of birth:	Gender:
Phone number:	Email:
Address:	
Emergency contact	
Name:	
Phone number:	Relationship:
Medical history	
Primary care physician:	
Major illnesses/conditions:	
Current medications:	
Allergies:	
Other (e.g. family history of major conditions):	
Current health	
Reason for seeking care:	
Symptoms/concerns:	

Previous treatments:

Current lifestyle habits (sleep, alcohol consumption, exercise, nutrition etc.):

Insurance information

Insurance provider:

Policy number:

Group number:

Goals and expectations

Patient health goals:

Expectations from case management:

Preferred communication style:

Additional notes