Intake Form

First name: Mattie	**Middle name:** Samuels	**Last name:** Weaver
Street address: 2076 Oakwood Avenue		
City, state, and zip code: New York, New York 10007		
Home phone number: 212-602-5830	**Cell phone number:** 917-218-4641	
Email address: mattie.weaver@email.com		
Date of birth: May 24, 1992	**Gender:** (•) Male ( ) Female	
Height: 5'9"	**Weight:** 197.9 pounds	
Ethnicity / race: American	**Smoke:** ( ) Yes (•) No	
Language spoken at home: English		

List any prior medical conditions:

Hypertension (High Blood Pressure) - Diagnosed in 2017, under control with medication.

List any current medical conditions:

Chronic back pain - Began in 2020, managed with physical therapy and medication.

List all prior surgeries:

None

List the names and phone numbers of two emergency contacts:

Rachel Weaver (Wife) - 555-123-4567
Jack Weaver (Brother) - 555-987-6543

Given your schedule, what times and dates are you generally available to participate in the program?

I am generally available on weekdays, from 1:00 PM to 4:00 PM.
I can also make myself available on Saturday mornings if necessary.

Do you have any special medical conditions that might require emergency responses on our part such as seizure disorder, hypoglycemia, food or bee sting allergies, etc.? If so, please describe.

I have a severe allergy to peanuts.
Exposure can cause anaphylactic shock, and I carry an EpiPen with me at all times.