

Name _____ Birth Date: _____ Date: _____
 Email _____ @ _____

Rancho Family Medical Group NEW PATIENT (18+) INTAKE FORM

Welcome to Rancho Family Medical Group. We are happy to have you as a patient. **RFMG has an Temecula Parkway Urgent Care which is open to serve patients 7 days per week.** Walk-ins are welcome at the urgent care. Our Menifee office also has Saturday Morning Urgent Care hours. We also encourage you to join our patient portal. Once you join, please visit www.RanchoFamilyMed.com to access the portal.

Current Problem List (circle those which apply)

Acid Reflux (GERD)	COPD/Bronchitis	High Cholesterol	Peripheral Artery Disease (PAD)
Angina	Coronary Artery Disease	Hyperthyroid	Peripheral neuropathy
Arthritis	Depression/ anxiety	Hypothyroid	Prostate Cancer
Asthma	Diabetes	Irritable Bowell Syndrome	Prostate Enlarged (BPH)
Back Pain	Diarrhea	Leukemia	Skin Cancer
Breast Cancer	Fibromyalgias	Lung Cancer	Stomach Cancer
Colon Cancer	Heart Attack	Migraines	Urine incontinence
Constipation	High blood pressure	Neck Pain	Other: _____

Surgical/Procedure History

**NONE	Dental Implants	Hip Arthroplasty (aka hip replacement) Left Right
Amputation (list site)	EsophagoGastroDuodenoscopy (EGD)	Hysterectomy, Partial
Aneurysm Repair	Eye Surgery	Hysterectomy, Total (TAHBSO)
Angioplasty / Angiogram	Bladder Surgery	Knee Replacement, Complete/ Partial
Ankle Surgery	Caesarean Section	Knee Surgery
Appendectomy	Carpal Tunnel Surgery	Lasik Eye Surgery
Back Surgery	Cataract Surgery	Mammogram Results? _____ Year _____
Breast Implants/Augmentation	Cholecystectomy	Neck Surgery
Breast Lumpectomy	Colonoscopy: Results? _____ Year _____	Pap Smear Results? _____ Year _____
Breast Surgery	Endometrial Biopsy	OTHER:
CABG	Epidural / Spinal Injection	
Colposcopy (Cervix)	Gastric Bypass	
Coronary Stent Placed	Hernia Repair	
ALLERIGES: Circle: Penicillin / Sulfa / Aspirin / Other: _____		

Social History

Smoking Status	Never	Former	Current	Notes
Smoking - How much?	1 PPD	1/2 PPD	1/4 PPD	
Has smoked since age				
Alcohol intake	None	Occasional	Moderate (<=2 day)	Heavy (> 2 drinks daily)
Advance directive (>50 yr)	Yes	No		Would like to discuss (Ask provider about this)
Code Status	Full	DNR	Other:	Unknown <i>*Full code assumed unless stated otherwise</i>
PLEASE TURN PAGE OVER ⇨ ⇨				

Relationship Status	Married	Single	Divorce	Widow	Significant Other
Number of children					
Are you currently employed?	Yes	No	Retired	Stay Home Parent	
Occupation					
Employer					
Education	8th grade	HS Grad	2 year	4Year	Post Graduate
Pain/Controlled Substance Contract Signed with Rancho Family Medical Group?	Yes	No	*Advised if on controlled substance such as tramadol., hydrocodone, oxycodone, alprazolam, lorazepam, temazepam, amphetamines, etc.		
Passive smoke exposure?	Yes	No			
Marijuana Use	Yes	No	*If used for medical reasons, please provide us a current copy of your permit for your chart.		
Illicit drugs	Yes	No	History of Drug Abuse? Please explain:		
Chewing tobacco	Yes	No			
Caffeine intake	None	Occasional	Moderate (daily)	Heavy (more than 2 drinks/daily)	
Diet	Regular	Vegetarian	Other		
Exercise Level	None	Occasional	Moderate	Heavy	

Family History

							Notes:
High Blood Pressure	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
High Cholesterol	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Colon Cancer	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Diabetes	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Heart attack	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Obesity	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Stroke	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Ovarian Cancer	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Breast Cancer	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Lung Cancer	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Stomach Cancer-	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Esophageal Cancer	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Prostate Cancer	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
Melanoma-	Mom	Dad	Sister1	Sister2	Brother1	Brother2	
	Mom	Dad	Sister1	Sister2	Brother1	Brother2	

Preferred Local Pharmacy: _____
Street _____ **City** _____

MAIL Order Pharmacy (if applicable):

What brings you in today?

1. _____
2. _____
3. _____