

# Primary Care Patient Intake Questionnaire Template

The **primary care patient intake questionnaire template** streamlines the process of gathering essential health information from new patients. It ensures accurate and comprehensive data collection, improving patient care and administrative efficiency. This template is designed to be user-friendly and adaptable for various medical practices.

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## Patient Information

Full Name:

Date of Birth:

Gender:

Select

Address:

Phone Number:

Email Address:

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## Medical History

Do you have any allergies?

Current or past medical conditions (e.g., diabetes, hypertension):

List any medications you are currently taking:

Previous surgeries or hospitalizations:

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## Lifestyle Information

Do you smoke?

Select

Do you consume alcohol?

Select

How often do you exercise?

Select

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## Family Medical History

Has anyone in your family had serious illnesses (e.g., cancer, heart disease)?

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## Other Information

Do you have any specific concerns or needs for your visit?

Submit