Client Intake Form

Client Information			
First Name Celeste	Last Name Salazar	Preferred Name Cel	Patient Identifier (If known)
Gender Female	Preferred Pronouns She/Her	Date of Birth 1/1/1991	Marital Status Married

Address	City	State	Zip Code
2891 Coburn Hollow Road	Carlock	IL	61725

Email	Preferred Phone Number
celeste.salazar@gmail.com	773-746-1534

Emergency Contact	
Full Name Oswald Salazar	Relationship Husband

Home Phone	Cell Phone	Work phone
309-376-0291		

Full Name	Relationship
Grace Payne	Mother

Home Phone	Cell Phone	Work phone
904-610-0050	904-608-9830	

Health Concerns, Symptoms, and Medical Conditions	
Are you currently under medical care? ☑ Yes ☐ No	If yes, for what? Regular check-ups
What are the medications you're currently taking? None	Have you been diagnosed with other medical conditions? ☐ Yes ☑ No
If yes, please list them down.	
Describe your current main concerns below: Headache	When did your chief complaint or illness begin? A few days ago.
What are your goals for today's visit and your long-term health? A diagnosis and pain medication	

Primary Care Physician:	Address:	Contact Number:
Warwick Munoz	3855 Lowland Drive, Rockford, IL	773-621-8133

Insurance Information		
Insurance Carrier Health Insurance	Insurance Plan Full Plan A1	Contact Number 815-398-8138
Policy Number 98455620	Group Number 123	Social Security Number 123 45 678

All the answers to the above questions are answered accurately to the best of my knowledge. I understand that inaccurate information can harm my (or the patient's) health.

Parent/Guardian's Name (if applicable):	Relationship to Patient (if applicable):

Signature of Client, Parent, or Guardian:	Signature of the Primary Care Physician:	Date:
Celeste Salazar	Warwick Munoz	June 22, 2023