

INTAKE QUESTIONNAIRE

Name _____ Date _____

Date of Last Flu Vaccine

Date of COVID Vaccine

(1) _____

(2) _____

(3) _____

Date of Last Pneumococcal Vaccine (Pneumonia)

Last A1c Lab Test Result (ONLY for Diabetic/Pre-Diabetic)

Did you receive a patient portal form today?

YES or NO

If over 65 years of age, have you fallen twice in the last 12 months?

YES or NO

If yes to the above question, were you injured by the fall?

YES or NO