New Patient Forms

Intake, history, consent, and communication preferences for your first visit.

EVI PRIMARY CARE

Welcome to EVI Primary Care. You can fill this out on your computer or print and complete by hand. Bring it to your visit or upload through the secure patient portal. Skip any questions you are unsure about — we can complete them together at your visit.

1 Patient information

LEGAL FIRST NAME	MIDDLE	LEGAL LAST NAME

PREFERRED NAME (IF DIFFERENT)	DATE OF BIRTH	SEX ASSIGNED AT BIRTH

GENDER IDENTITY	PRONOUNS	MARITAL STATUS

STREET ADDRESS	CITY	STATE	ZIP

MOBILE PHONE	ALTERNATE PHONE	EMAIL

2 Emergency contact

NAME	RELATIONSHIP	PHONE

3 Insurance information

Primary insurance

INSURANCE COMPANY	MEMBER ID	GROUP NUMBER

POLICYHOLDER NAME	POLICYHOLDER DOB	RELATIONSHIP TO PATIENT

Secondary insurance (if applicable)

INSURANCE COMPANY	MEMBER ID	GROUP NUMBER

New Patient Forms

Intake, history, consent, and communication preferences for your first visit.

4 Medical history

Check any condition you have been diagnosed with, currently or in the past.

- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes
- ☐ Asthma
- ☐ COPD
- ☐ Heart disease
- ☐ Stroke
- ☐ Cancer
- ☐ Thyroid disease
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Anxiety
- ☐ Depression
- ☐ Sleep apnea
- ☐ Acid reflux / GERD
- ☐ Arthritis
- ☐ Migraines
- ☐ Other (list below)

Other conditions, hospitalizations, or surgeries

5 Family history

Note any conditions in close family members (parents, siblings, grandparents).

CONDITION	RELATIONSHIP	AGE AT DIAGNOSIS

New Patient Forms

Intake, history, consent, and communication preferences for your first visit.

6 Lifestyle & social history

Do you currently smoke or use tobacco products?	☐ Yes	☐ No	If yes, type/amount:	
Do you drink alcohol?	☐ Yes	☐ No	If yes, drinks/week:	
Do you use recreational or non-prescribed drugs?	☐ Yes	☐ No		
Do you exercise regularly?	☐ Yes	☐ No	Times per week:	
Are you pregnant or could you be pregnant?	☐ Yes	☐ No		

7 Communication preferences

Tell us how you prefer to receive non-urgent communication from the care team. Please do not send medical details by email — use the secure patient portal.

Preferred contact method

☐ Phone call ☐ Text message ☐ Patient portal message ☐ Email (non-medical only)

Best time to reach you

☐ Morning ☐ Afternoon ☐ Evening ☐ Anytime

Voicemail & messages

It is okay to leave a detailed voicemail at the number above.	☐ Yes	☐ No
It is okay to send appointment reminders by text.	☐ Yes	☐ No

People we can share information with

List anyone (spouse, family member, caregiver) we may speak with about your care. You can update this anytime.

NAME	RELATIONSHIP	PHONE

New Patient Forms

Intake, history, consent, and communication preferences for your first visit.

8 Consent & acknowledgments

Consent to treatment. I voluntarily consent to medical care, examinations, and treatment provided by EVI Primary Care clinicians and staff. I understand that no guarantee has been made regarding the outcome of any treatment.

Financial responsibility. I understand that I am financially responsible for any balance not covered by my insurance, including copays, deductibles, coinsurance, and services deemed not covered. I authorize EVI Primary Care to bill my insurance on my behalf.

Notice of Privacy Practices. I acknowledge that I have been offered a copy of EVI Primary Care's Notice of Privacy Practices, which describes how my health information may be used and disclosed.

Communication consent. I consent to being contacted by phone, text, and email for appointment reminders, billing, and non-urgent care matters, in line with the preferences I selected above.

PATIENT (OR LEGAL REPRESENTATIVE) SIGNATURE	DATE

IF SIGNED BY LEGAL REPRESENTATIVE — PRINTED NAME	RELATIONSHIP TO PATIENT

KEEP MEDICAL INFORMATION SECURE

Bring this completed packet to your visit, or upload it through the secure patient portal. Please do not send completed forms by email.