

# Telemedicine Patient Intake Form

## Personal Information

First Name

Last Name

Date of Birth

Gender

Select

Address

Phone

Email

## Medical Information

Current Symptoms / Reason for Visit

Existing Medical Conditions (if any)

Allergies

Current Medications

## Insurance Information

Insurance Provider

Policy Number

## Consent

- I consent to participate in telemedicine visits.
- I acknowledge receipt of the privacy policy.