

Intake Form for initial visit with Sanford Levy, MD, FACP, ABIHM

Name: _____ Date: _____

Preferred name: _____ Pronoun: _____

I found out about this practice from: _____

Reason for today's visit/Goals for today's visit:

Other concerns I would like to discuss if time permits:

Today, on a scale of 0-10 (10 is fantastic), I feel _____.

In the past month, on average, on a scale of 0-10, I have felt _____.

Check all that apply:

_____ I have financial concerns about payment

_____ I request a receipt for payment

_____ I would appreciate prayer

_____ I request a hug today

Preferred Pharmacy Name and Phone Number **(optional)**
