

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Pronoun: \_\_\_\_\_

I found out about this practice from: \_\_\_\_\_

Main reason 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 \_\_\_\_\_

In the past month, on average, on a scale of 0-10, the quality of my sleep has been \_\_\_\_\_

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)**