

Name: _____
Date of Birth: _____
Today's Date: _____

General Intake Form:

Which doctors you want us to send information to:	SPECIALTY
Example: Dr. Heller	Endocrine

Are you fasting? YES / NO

Where do you want your labs done today?

Here in clinic QUEST LABCORP CPL OTHER

Have you had any outside labs or imaging done since your last visit here?

What was it and when? _____

Key meds and supplements:

1. Biotin (vitamin B7) is a vitamin used for hair, skin, and nails. It's also known as vitamin B7. This may affect several lab assay results, so we ask you to be off biotin for 72 or more hours before any labs.
 - Have you taken Biotin within the last 72 hours? **YES / NO**
 - Have you taken a B-complex supplement within the last 72 hours? **YES / NO**
2. Are you taking a multivitamin? **YES / NO** If yes, please, please answer below.
 - Was the last dose within the last 72 hours? **Yes/No**
 - How much calcium in mg per pill? _____
 - How much vitamin D in units per pill? _____
 - How much biotin in mcg per pill? _____
3. When was the last time you were treated with steroids (for any reason?) _____
4. Any **NEW** medical issues since you were last here? **YES / NO**
5. Are you experiencing any side effects from your current medications? **YES / NO**
6. Have any **OTHER** doctors added or changed your medications since you were last here? **YES / NO**
If yes, please note below: