**GROUP23 SPORTS MEDICINE - INTAKE FORM**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**AB Health #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Age** | **Occupation** | |
| **Sports/Activities** What type of sports do you play? At what level? Any physical activities that you enjoy? E.g. gardening etc. | | |
| **Height** | | **Weight** |
| **Past Medical History & Surgical History:** List all medical conditions or surgeries and year. | | |
| **List All Current Medications** | | |
| **Allergies** | | |
| **Smoking History**   Do you smoke? [ ] Yes [ ] No # of Packs/Day \_\_\_\_\_\_\_  Did you previously smoke: [ ] Yes [ ] No How Many Years Did You Smoke \_\_\_\_\_\_\_\_\_\_\_\_  When Did You Quit\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Social History**  Do you drink alcohol? [ ] Yes [ ] No How Much \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you take recreational drugs or performance enhancing drugs? [ ] Yes [ ] No | | |

**APPOINTMENT CANCELLATION / NO SHOW POLICY**

Group23 Sports Medicine requires at least 24 hours advance notice if you are unable to keep your scheduled appointment. If you fail to notify Group23 24 hours in advance of your appointment you will be billed a $60 fee. This fee is your responsibility to pay, and is not considered a reimbursable charge by your private insurance company. All Group23 services will be subject to this policy for late cancelled and no- show appointments.

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

Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_