

Anchor Restorative Medicine Patient Intake Form

Patient Information:

- Full Name: _____
- Date of Birth: _____
- Gender: _____
- Address: _____
- City: _____ State: _____ ZIP Code: _____
- Phone Number: _____
- Email Address: _____
- Primary Language: _____
- Do you need an interpreter? Yes No

Emergency Contact:

- Name: _____
- Relationship: _____
- Phone Number: _____

Insurance Information:

- Primary Insurance Provider: _____
- Policy Number: _____
- Group Number: _____
- Secondary Insurance Provider: _____
- Policy Number: _____
- Group Number: _____

Primary Care Physician:

- Name: _____
- Phone Number: _____

Services Requested:

- **Regenerative Medicine** (Check all that apply):
 - Hyperbaric Oxygen Therapy (HBOT)
 - Platelet-Rich Plasma (PRP) Therapy
 - Exosome Treatments
 - IntelliWave Shockwave Therapy
 - SottoPelle Hormone Therapy
 - Personalized Regenerative Therapies
- **Chronic Pain Management:**
 - Innovative approaches to managing and alleviating chronic pain
 - Customized pain management plans
- **Post-Surgical Recovery:**
 - Support and care for post-operative wound healing
 - Enhanced recovery protocols

Medical History:

- **Do you have any of the following conditions?** (Check all that apply)
 - Diabetes
 - Hypertension
 - Heart Disease
 - Kidney Disease
 - Peripheral Arterial Disease
 - Other: _____
- **Current Medications:** _____
- **Previous Surgeries:** _____
- **Do you smoke?** Yes No
- **Do you consume alcohol?** Yes No

Additional Information:

- **How did you hear about Anchor Restorative Medicine?**

- **Do you require financial assistance for your care?** Yes No
 - **If yes, please provide your email to receive information on Texas's patient assistance programs:** _____

Consent and Acknowledgment:

I hereby consent to the treatment provided by Anchor Restorative Medicine and acknowledge that the information provided above is accurate to the best of my knowledge. I understand that my health information will be used and protected in accordance with HIPAA regulations.

- **Patient Signature:** _____
 - **Date:** _____
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