

Renee Gullickson, DNP, ARNP, FNP-BC, PMHNP-BC
Wellness Provider

INTAKE FORM to be filled out prior to first appointment

Patient's Full Name: _____

Date of birth: _____

Parent's Name: _____

Mailing Address: _____

Patient's Email: _____

Parent's Email: _____

Parent's Cell phone: _____

Parent's Work phone: _____

I prefer the medical office contact us about appointment information by (check one or more):

Work phone Cell phone Email Other _____

Primary Care Physician:

Other Care Providers:

As a minor, this is the name and contact information for the person I prefer to make medication and emergency decisions for me:

Please list current medications and dosages (including supplements or vitamins):

Please list allergies or intolerances of medications, latex, dyes, foods, or other:

Describe your typical physical activities/exercise:

Describe your typical daily diet:

Do you have any concerns about violence or abuse in your current environments?

Yes No

Have you been a victim of previous violence or abuse? Yes No

Who referred you to Dr. Gullickson or how did you hear about her?

Signature: _____ Date: _____
