# WILLOW CREEK FAMILY MEDICINE

482 Larkspur Avenue, Suite 210 • Millbrook Falls, OR 97045 • (503) 555-0148

**NEW PATIENT INTAKE FORM**

PATIENT ID NO.: WC-30417

DATE OF VISIT: 08 / 21 / 2026

## 1. PATIENT INFORMATION

FULL LEGAL NAME: Margaret Elaine Whitfield

PREFERRED NAME: Maggie

DATE OF BIRTH: 04 / 12 / 1979

AGE: 47

SEX: Female

PHONE NUMBER: (503) 555-8827

HOME ADDRESS: 1146 Cedar Hollow Road

EMAIL ADDRESS: maggie.whitfield79@fastmail.com

CITY: Millbrook Falls

STATE: OR

ZIP CODE: 97045

MARITAL STATUS: Married

## 2. EMERGENCY CONTACT

CONTACT NAME: Harold Whitfield

RELATIONSHIP TO PATIENT: Spouse

PHONE NUMBER: (503) 555-2290

## 3. INSURANCE INFORMATION

INSURANCE PROVIDER: Cascadia Health Partners

POLICY NUMBER: CHP-774920315

GROUP NUMBER: GRP-6621

SUBSCRIBER NAME: Self

## 4. REASON FOR TODAY'S VISIT

Persistent lower back pain for about three weeks, worse in the mornings and after long periods of sitting at my desk. Also would like to renew my allergy prescription.

## 5. CURRENT MEDICATIONS

MEDICATION 1 (NAME / DOSE): Lisinopril 10mg, once daily

MEDICATION 2 (NAME / DOSE): Loratadine 10mg, as needed

MEDICATION 3 (NAME / DOSE): Vitamin D3 2000 IU, daily

## 6. ALLERGIES

KNOWN ALLERGIES: Penicillin, shellfish

REACTION: Hives, mild swelling

## 7. MEDICAL & FAMILY HISTORY

PAST SURGERIES / HOSPITALIZATIONS: Appendectomy, 1998 — Tonsillectomy, childhood

CHRONIC CONDITIONS: Mild hypertension, seasonal allergies

FAMILY MEDICAL HISTORY: Mother: type 2 diabetes. Father: heart disease. One sibling, healthy.

## 8. LIFESTYLE & HABITS

TOBACCO USE: Never

ALCOHOL USE: occasional

EXERCISE FREQUENCY: 3-4 times per week, mostly walking and yoga

## 9. PATIENT ACKNOWLEDGEMENT

I certify that the information provided above is accurate to the best of my knowledge.

PATIENT SIGNATURE: Margaret E. Whitfield

DATE: 08/21/2026