

Name	DOB
Address	
Cell phone	
Secondary number	
Email address	

David S. Coykendall, D.O. 3370 Burns Road, Suite 100 Palm Beach Gardens, FL 33410 (561) 513-9806 p / (561) 727-8805 f



Intake forms

What is your c					_
Duration			locatio	n	
Severity (pleas	se circle)	MILD	МО	DERATE	SEVERE
Associated sy	mptoms (c	ircle all that	apply)		
NAUSEA	VOM	IITING	FEVER	CHEST PAIN	SHORTNESS OF BREATH
Past medical a	and surgica	l history:			

Current medication	ns:				
Allergies:					
Family history:					
Current social histo	ory:				
1- Alcohol use:			yes		no
2- Nicotine:			yes		no
If yes,	current	former (within	1 year)	distant	t (greater than 1 year)
Type:	smoking	e-cigarette	chewing	patch	gum
3- Type of employm	nent: no	employment	desk based	labor	light physical labor
	Mo	oderate physical la	bor heav	vy physica	al labor
4- Sporting:	none	sporadic (1x r	month)	moder	ate (1x week)
	Intense (g	reater than 1x wee	ek)		

Please check YES to any of the following that apply to you.

REVIEW OF SYSTEMS

	YES NO		
Constitutional Syn	notoms		YES NO
Night sweats, feve	rs	- Good committee to	
Fatigue/tiredness		Good general health Recent weight changes	
Appearance: norm	nal	nacent weight changes	" officeration
	nal	Comments:	
EYES			
Corrective lenses/o	contacts	Changes in vision	
Glaucoma	April 19 and 19	Double vision	
Glauconia	· · · · · · · · · · · · · · · · · · ·		
EAR, NOSE, MOUT	II & William em	COMMENTS:	
Hearing loss/ringing	rie mare		
Sore throat	\$ 111 Call S	Nose bleeds	
Sensation of lump in	n the throat	Swollen glands in neck	
	a man part AGE	Sinus problems	
		COL 4h 4Th man	
RESPIRATORY		COMMENTS:	
Cough		Shortness of breath	
Asthma	est-Optionalismon de constitution de constitu	Stiol riess of pleath	
	- Contracting	COMMENTS:	
		O THE INITIAL INC.	
CARDIOVASCULAR			
High blood pressure	RANGA MANAGAMA AND STREET	Pedal edema	
Arrhythmia Phlebitis	Constitution and Constitution of Constitution	Heart attack	Geologic Control Contr
Heart problems	Minimum distribution	PND	· Contraction of the Contraction
Murmur	distribution of the state of th	Chest pain or discomfort	AND DESCRIPTION OF THE PERSON
104000 319000		Unable to walk up one flight of steps	
GASTROINTESTINAL		COMMENTS:	· 1
Abdominal pain			
Vomiting	Annihotostispito tilikon-harrasser	Nausea	
Heartburn		Diarrhea	Military Commencer Commenc
Reflux	addressing the same of the sam	Indigestion	,
Bowel Incontinence	Chipping Chipping	Change in bowel habits Constipation	
Swallowing difficulty	Contraction Contractions	Consupation	
GENERAL MENTAL MANAGEMENT	· - · · · · · · · · · · · · · · · · · ·	COMMENTS:	
GENTROURINARY/URG Blood in the urine	DLOGY		
Excessive night time u	The same of the sa	Painful urination	
Urine hesitancy	rination	Daytime urinary frequency	Profesionation (Management)
Kidney stones	Charles Control Contro	Force of stream	Printerschaften Grafitationsteads
Sexual problems	AND ADDRESS OF THE PARTY OF THE	Menstrual problems	medicariana constituina
Weak urine stream	Control of the Contro	Testicle pain	
	** promption de contraction de l'établisse de la contraction de l'établisse de la contraction de la co	000 to one one	Americans
		COMMENTS:	
VIUSCULOSKELETAL			
Inthritis		Deals was t	
Auscle pain		Back pain or injuries Claudication	ACCORDANGE ACCORDANGE
oint pain or swelling			- Continues - Continues
		Numbness or tingling sensation	entrance entrance
		COMMENTS	

Please check YES to any of the following that apply to you.

NEUROLOGIC .	YES NO		YES NO	
Weekness	electronica description	- Numbness		
Seizure	Management description	Head injury		
Headaches	and the same of th	Stroke		
Dizziness		Paralysis or tremors	demination demination	
PSYCHIATRIC		COMMENTS:		
Difficulty sleeping	Management and a second	Manic episodes		,
Depression .	Grand State Control of	Schizophrenia		
		COMMENTS		
HEMATOLOGIC/LYMPHAT	nc			
Anemia		Easy bruising/bleeding		
Slow to heal after cuts	the section of the se	Enlarge glands	CONTRACTOR	
		COMMENTS		
ENDOCRINE				•
Thyroid disease		Diahetes		
Heat/cold intolerance		Excessive urination	describing describing	
Excessive thirst		Changes in hair		
	Children and the state of the s	Charges at their	edications obvious consum	
INTEGUACENTARY		COMMENTS		
Breast pain or discharge				
Change in skin color		Change in hair/nails	Magazinessa evanosimistassa	
Change in skin color Rashes		Itching	Sudimentally Suddensity (S. 1977)	
ries (Carles)		Varicose veins		
		COMMENTS		



Consent to treat and financial agreement

I consent to treatment, diagnostic, and or therapeutic treatment from Dr. David Coykendall. I agree to pay all copays, deductibles, and other charges before the date of surgery. I authorize payments directly to Dr. Coykendall of all such insurance benefits payable to me. I authorize the doctor to release medical information to such insurance companies as is necessary to receive payment for services rendered.

I understand that Dr. Coykendall and his staff may need to use and disclose information about my health or medical problems for the purpose of arranging, conducting, or referring treatments, for obtaining payments for services rendered to me and for the operations of the practice. I consent to the use of my information for the purposes of treatment, payment, and healthcare operations.

Printed name	
Signature	/Date