

MEDICAL INTAKE FORM

Fill in the form and return to the receptionist. Please print clearly

A. PERSONAL INFORMATION (11pts)

Patient's Name:	Today's Date:
Address:	Home phone number:
Alberta Health Number:	Cell phone number:
Date of Birth:	Age: Sex:
Job/Occupation:	Marital Status:
B. What is the reason for your visit today? (1 pt)	

C. PERSONAL HEALTH (4pts)

What medical conditions do you have?	
What allergies do you have?	
List all medications you take.	
List all surgeries you have had.	

CLB 3 STOP HERE.

CLB 4 – PLEASE ANSWER THE FOLLOWING QUESTIONS.

D. FAMILY HISTORY (4 pts)

	<i>If living:</i>		<i>If deceased (not living)</i>	
	<i>Age</i>	<i>any Medical Conditions</i>	<i>Age when died</i>	<i>any Medical Conditions</i>
Mother				
Father				

Writing Task Assessment Tool

Name	CLB Level	
<p>CLB 3-4 Writing Assessment Task: Fill out an intake form at a walk-in medical clinic. Please fill out the medical form given to you by your instructor. Remember to follow what you have learned in class about filling in forms clearly, neatly and legibly. CLB 3 learners will fill out Parts A, B and C. CLB 4 Learners will fill out Part A, B, C, and D.</p>		
Competencies: Getting Things Done	Meets	Not Yet
CRITERIA CLB 3 & 4:		
Includes information in ALL parts and the information is in the correct place CLB 3 = 12/16 ; CLB 4 = 16/20		
Printing is neat and clear		
Addresses, phone numbers, punctuation uses correct conventions in Personal Information section CLB 3: 2-3 errors CLB 4: 1-2 errors		
Spells common words correctly CLB 3: up to 3 errors CLB 4: up to 2 errors		
Keep Doing:	Please Look At:	

Task Success for CLB 3 and 4: Meets task expectations on all items YES NOT YET