

Patient Name \_\_\_\_\_

CHIP Patient Intake

Date \_\_\_\_\_

**Patient Info**

preferred name/nickname:	marital status:    single    married    divorced    widowed
reason for enrolling in CHIP:	enrolling with partner/friend?    yes    no
occupation:	race/ethnicity:

**Have you been told by a physician that you have any of the following? (Circle all that apply)**

high blood pressure	angina	abnormal EKG	bronchitis / emphysema	non-alcohol fatty liver disease
high cholesterol	heart attack	blood clotting problem	cancer	kidney disease
high triglycerides	coronary bypass	stroke	gallbladder disease	osteoporosis
pre-diabetes	stent placement	irregular heartbeat	gout	osteoarthritis
diabetes	angioplasty	thyroid disorder	hemorrhoids	rheumatoid arthritis
metabolic syndrome	heart failure	ulcers	constipation	

**Please circle any of the following that apply to you:**

family history of heart disease	unhealthy diet	physical inactivity
female: alcohol use: more than 1/day*	male: alcohol use: more than 1/day*	tobacco use
one or both parents died by age 60 of heart disease	one or both parents died by age 60 of diabetes	one or both parents died by age 60 of other chronic disease (please list):

**Past history of tobacco use:**

none	total # of years used:	total # of years since used last:
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\*Alcohol: 1 serving = 1.5 oz of liquor or 5 oz of wine or 12 oz of beer

**For Office Use Only - Please do not write below this line**

CHIP program # \_\_\_\_ Received:    ins form \_\_\_\_    consent \_\_\_\_    medication list \_\_\_\_    food diary \_\_\_\_    release of records \_\_\_\_    payment in full \_\_\_\_

patient is registered for patient portal \_\_\_\_    scanned photo ID \_\_\_\_    scanned insurance card \_\_\_\_    patient photo taken for Athena \_\_\_\_