Meridian Wellness Center

Comprehensive Family & Preventive Medicine • Dr. Evelyn R. Meridian

INTAKE FORM

Confidential Medical Questionnaire

1. Patient Information

Full Name (Last, First, Middle Initial)
Jenkins, Sarah Katherine

Date of Birth (MM/DD/YYYY)
11/24/1992

Preferred Name
Sarah

Biological Sex
☑ Female ☐ Male

Gender Identity / Pronouns
She/Her

Street Address
742 Meridian Way, Apt 3B

Apartment/Suite
Apt 3B

City
Portland

State
OR

ZIP Code
97205

Phone Number
(503) 555-0144

Email Address
sarah.jenkins@email.com

Emergency Contact Name
David Jenkins

Relationship
Spouse

Emergency Phone
(503) 555-0145

2. Insurance & Billing Information

Primary Insurance Carrier
Apex Health Plan

Policy Holder Name
Sarah Jenkins

Relationship to Patient
☑ Self ☐ Spouse ☐ Other

Policy ID / Member Number
APX-9837421-01

Group Number
4002-081-NEXA

Insurance Phone
(800) 555-0177

Secondary Insurance Carrier (If any)
None

Secondary Policy ID / Group
N/A

3. Primary Reason for Visit

What is the primary reason for your visit today?

Routine annual wellness exam. Also experiencing mild, intermittent lower back pain (onset approximately 3 weeks ago after lifting boxes, rated 3/10 severity).

Symptom Onset Date
June 24, 2026

Have you seen another provider for this?
☐ Yes ☑ No

Symptom Severity (Scale 1-10)
☐ 1 ☐ 2 ☑ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

4. Medical History

Check all conditions you currently have or have been treated for in the past:

- ☑ Asthma
- ☐ Cancer (Type: _____)
- ☑ Hypertension (High BP)
- ☐ High Cholesterol
- ☐ Depression / Anxiety
- ☐ Bleeding Disorders
- ☐ Diabetes (Type I/II)
- ☐ Heart Disease
- ☐ Stroke / TIA
- ☐ Arthritis
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Thyroid Disorder
- ☐ Epilepsy / Seizures
- ☐ Chronic Pain

Other Medical Conditions / Hospitalizations

Had appendectomy in 2018 (no complications).

5. Current Medications & Allergies

List all prescription and over-the-counter medications, vitamins, and supplements:

Medication Name	Dosage	Frequency	Purpose
Lisinopril	10 mg	Once daily (morning)	Hypertension
Multivitamin	1 tablet	Once daily	General health

Known Allergies (Medications, Food, Environmental)

Penicillin (causes mild rash)

Reaction Severity

☐ Mild ☑ Moderate ☐ Severe

6. Lifestyle & Social History

Tobacco / Nicotine Use

☑ Never ☐ Former ☐ Current (_____/day)

Alcohol Consumption

☐ Never ☑ Occasional ☐ Daily (_____/week)

Exercise Frequency

☐ None ☐ 1–2 times/week ☑ 3+ times/week

Occupation / Employer

Software Engineer at Nexa

7. Acknowledgement & Consent

By signing below, I certify that the information provided is true and accurate to the best of my knowledge. I authorize Meridian Wellness Center and its clinical staff to perform necessary medical evaluations and treatment.

Patient Signature

/s/ Sarah Jenkins

Printed Name

Sarah Katherine Jenkins

Date

07/15/2026