Kootenai Clinic New Patient Health History Form

Patient's Legal Name: _____ **Patient's Preferred Name:** _____ **Pronouns:** _____

Patient Date of Birth: _____ **Today's Date:** _____

MEDICAL HISTORY: *check all that apply*

- δ High Cholesterol
- δ Anemia
- δ Arthritis: Rheumatoid / Osteoarthritists/-0.002 Tw 1.337 Td [(5)-7.(F)]/TT1 1 Tf 9.4 TMCID 3 BDC /C1T s5.3 (h(A)-8-0.7(e3.4(i)-3.2 (a)]TJ0 Tc 0 T

Kootenai Clinic New Patient Health History Form

Patient's Legal Name: _____ **Patient's Preferred Name:** _____ **Pronouns:** _____

Patient Date of Birth: _____ **Today's Date:** _____

PREVENTATIVE CARE AND MEDICAL i8__E3EN)3T)4A)2T)4I)3T)4A)2T)4n ubtype /Footer /Type /Mee /M