



Intake Assessment



Application Date: _____ Accepted by Clinic: YES NO

Appointment Date: _____ Initial: _____

Access Kershaw
401 Kingsley Rd. Columbia, SC 29204
803.733.2200

What brings you to us today? _____

BASIC INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

SSN: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Preferred Phone Number for Contact: _____

Email: _____

I do not own a phone

Preferred Method of Contact: Call Text Email (Circle)

FINANCIAL INFORMATION

How many adults are in your home that you are responsible for? _____ Children? _____

Total Monthly Household Income? _____

MEDICAL NEEDS

Do you have insurance or health care coverage (Medicare, Medicaid, Obama Care, Exchange Insurance)? Yes No

Have you applied for Disability? Yes No

Have you applied for insurance on the Marketplace? Yes No

Type of Insurance (If applicable): _____

What is your goal for managing your condition(s)? _____

What Medication are you currently taking or should be taking: _____

Have you recently been to the ER, hospitalized, or had surgery? Yes No If Yes, please list _____

HISTORY– We would like to see what other concerns we can help you with

Concerns	✓ if applicable	Notes
Eyes, Ears, Nose, Throat		
Skin		
Respiratory/Lung		
Cardiac/Heart		
Gastrointestinal/Digestion		
Muscle, Bone, and Joint		
Urinary		
Thyroid Problems		
Diabetes (Type 1 or 2)		
Chronic Pain		
Liver		
Autoimmune Disease		
Mental Health		
Seizure/Epilepsy		
Head/Stroke		
Tuberculosis		
Blood Disorder		
Cancer		

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