

Case Management Intake Form

Patient Information:

- **Full Name:** James T. Kearney
- **Date of Birth:** 05/15/1980
- **Gender:** Male
- **Address:** 1348 Wiseman Street, Knoxville, Tennessee, 37909
- **Phone Number:** 865-705-3161
- **Email:** jtkearney@mail.com

Emergency Contact:

- **Name:** Emily J. Kearney
- **Relationship:** Spouse
- **Phone Number:** 865-387-8729

Medical History:

- **Primary Care Physician:** Dr. Ryle Kincaid
- **Major Illnesses/Conditions:** Hypertension, Type 2 Diabetes
- **Current Medications:** Metformin, Lisinopril
- **Allergies:** None reported

Current Health Status:

- **Reason for Seeking Care:** Managing diabetes and improving overall well-being
- **Symptoms/Concerns:** Occasional fatigue, difficulty in managing blood sugar levels
- **Previous Treatments:** Regular check-ups, medication adherence
- **Current Lifestyle Habits:** Regular exercise (walking), balanced diet

Insurance Information:

- **Insurance Provider:** Intellicare
- **Policy Number:** HG123456
- **Group Number:** G789012

Sample Intake Forms For Case Management

Camilla Rothe



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