

# 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*

High Cholesterol

Anemia •

Arthritis: Rheumatoid / Osteoarthritis



