



## New Client Intake Form

Thank you for choosing Luxe Concierge Nursing for your post-op needs. Please complete and submit this form within 48 hours of your booking confirmation. Email completed forms to: [recover@luxeconciergenursing.co](mailto:recover@luxeconciergenursing.co).

If you have any questions please contact us at 971-330-2451.

### General Information

Full Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date & Time of Surgery: \_\_\_\_\_

Planned Surgery & Surgery Center: \_\_\_\_\_

\_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

How did you hear about Luxe Concierge Nursing? \_\_\_\_\_

### Emergency Contacts

Name & Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**Medical History**

Previous Surgeries: \_\_\_\_\_

\_\_\_\_\_

Previous Illnesses: \_\_\_\_\_

\_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Current Medications & Supplements, including dosages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Pharmacy Name & Address: \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies to medications? \_\_\_\_\_

\_\_\_\_\_

Do you have any other allergies? \_\_\_\_\_

Do you use any assistive devices such as; walker, cane, hearing aids, etc.? If so, what device(s) do you use?

\_\_\_\_\_



**Social History**

Marital Status: \_\_\_\_\_

Number of Children Living at Home: \_\_\_\_\_

What age are your children? \_\_\_\_\_

Do you own any pets? If so, what kind and how many? \_\_\_\_\_

Occupation: \_\_\_\_\_

Employment Status (part-time, full-time, retired, etc.): \_\_\_\_\_

Do you use caffeine? If so, how much & how often? \_\_\_\_\_

Do you use tobacco? If so, how much & how often? \_\_\_\_\_

Do you use alcohol? If so, how much & how often? \_\_\_\_\_

What are your food preferences and/or restrictions? \_\_\_\_\_

\_\_\_\_\_

What are your aromatherapy preferences? \_\_\_\_\_

What are your music preferences? \_\_\_\_\_

What are your biggest fears/worries regarding your upcoming surgery? \_\_\_\_\_

\_\_\_\_\_

Other things you think we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to complete this form. Please e-mail your completed form to [recover@luxeconciergenursing.co](mailto:recover@luxeconciergenursing.co).