



New Client Intake Form

Please complete and submit this form at least 2 weeks before your surgery date. Email completed forms to: 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.