



MEDICAL FOUNDATION

AMG Medical Foundation

515 Alameda Avenue, Salinas, CA 93901

SAFE TO RETURN TO WORK

PATIENT INTAKE

Patient Name _____ DOB _____ Date _____

Please check off any of the following symptoms you are experiencing:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Shortness of breath or difficulty breathing | |

Temperature _____ Note _____