



New Client Intake Form

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

If you have any questions, please contact us at 813-616-2890.

General Information

Full Name: _____

Today's Date: _____

Date of Birth: _____

Phone Number: _____

E-mail: _____

Address: _____

Date & Time of Anticipated Service: _____

Location of pick up (surgical, center, facility, hospital):

Location of Service:

Height: _____ Weight: _____

Emergency Contacts

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

Occupation:

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 biggest fears/worries regarding your upcoming surgery or recovery? _____

Other things you think we should know? _____

Thank you for taking the time to complete this form. Please e-mail your completed form to dalena@luxeconciergecare.com