New Patient Intake Worksheet

Joan Ava Marks has not been feeling very well lately and has decided to go see a doctor. She is getting very bad migraines and is experiencing some pain in her right hand also. Every time she tries to write, she gets muscle spasms. She has tried medicine for her migraines but it is not working. Joan has a long history with migraines but has been able to keep them under control over the past few months. She feels something is wrong though now and the migraines feel different. The hand pain, although not as painful as the migraines, is still something she wants to speak to the doctor about. Joan is a customer service representative and works for Toys R Us. She lives in 78 Agua Dr. SW in Phoenix, AZ 26371. She was born on October 14, 1986 and has insurance with Premera. Her group number is 18376 and her account number is 2736467429. She is covered under insurance by her husband, Ethan. Ethan's social security number is 63-273-1363 and Joan's social security number is 27-367-1721.

NEW PATIENT INTAKE PAPERWORK PATIENT INFORMATION LAST NAME **FIRST NAME** MIDDLE INITIAL **ADDRESS** CITY STATE ZIPCODE DOB (MM/DD/YY) OCCUPATION **COVERED BY INSURANCE?** YES NO **MEDICAL BACKGROUND** PLEASE CHECK ALL THE MEDICAL CONDITIONS YOU HAVE BEEN DIAGNOSED WITH: **ASTHMA HEART DISEASE** DIABETES **HEPATITIS** KIDNEY DISEASE **EYE PROBLEMS DEPRESSION/ANXIETY** OTHER, PLEASE EXPLAIN BELOW: MIGRAINES **SEIZURES** PLEASE CIRCLE WHICH AREAS HAVE BROUGHT YOU INTO THE OFFICE TODAY PLEASE DESCRIBE, IN DETAIL: **INSURANCE INFORMATION** INSURANCE COMPANY NAME INSURANCE ACCOUNT NUMBER **GROUP NUMBER** PRIMARY ACCOUNT HOLDER NAME PRIMARY ACCOUNT HOLDER SOCIAL SECURITY NUMBER YOUR SOCIAL SECURITY NUMBER

Job Application Worksheet

Carter Benjamin Taylor would like to apply for a job as a cook at a local burger restaurant. Carter would like to make at least \$10.25/hr and have the ability to work part-time so he can finish school on time. Carter currently lives at 2636 Brookside St. in Minneapolis, MN 56240. Carter applies at the local burger restaurant on January 30. 2015. Ideally, he would like to work 25 hours a week and can start January 31, 2015. He can work Saturday-Sunday 9 AM to 9 PM and Monday, Wednesday, Friday from 4 PM to 9 PM. Carter currently attends Sunnyside High School and is a senior. He started in September 2011 and is about to graduate in June! He wants to put down his teacher, Mrs. O'Brien as a reference. She can be reached at 271-927-1588. He also decides to put down his old boss, Matt Enkler. He can be reached at 926-101-2631. Matt really hopes he gets this job!

JOB APPLICATION

Personal Information													
LAST NAME		FIRST NAME		MIDDLE INITIAL		С	DATE						
PRESENT ADDRESS						(CITY			STATE ZIPCODE			
Employmen	t Info	orma	ation										
POSITION APPLYING	FOR:			DATE YOU	DATE YOU ARE AVAILABLE: SALARY DESIRED:		DO YOU PREFER → FULL TIME PART TIME		IME				
Availability													
TOTAL DESIRED HOURS PER WEEK:		TUESDA	AY WI	EDNESDAY	Y THURSDAY FRIDAY		SATURDAY	SUN	DAY				
Education													
Name of Institution Degree Received		attended Start [Date Att	tended End	Date		rence # 1						
								Refe	rence # 3				

Savings Account Worksheet

Nora Grace Hilet is excited to open up her first savings account! Nora asks her mom what her social security number is and writes down the following: 261-23-0098. Nora is currently 16 (she was born on October 10, 1999) and will need her mom to go with her to open her account. They decide to go open the account on April 25, 2017. Nora's mom name is Anna Lilly Hilet and she is a teacher. Nora and Anna live together on 251 West View Dr. Atlanta, GA 16351. Nora's mom's phone number is 629-380-3671 and her social security number is 865-09-1526. Nora decides that she will put in \$100 to start the account and then transfer \$25 over each month. Nora can't wait to open up her new savings account!

Savings Account Form

Last First	Middle	Signature
Social Security Number		Date of Birth
Address		Apt Number
City		State
Date Account Opened		
Bute Account opened		
Automatic Monthly Deposit Amount		First Deposit Amount
If Under the Age of 18, Please Provide a Reference over 18 (Last, First, M	liddle)	
in officer the Age of 10, Fleuse Frontiae a Reference over 10 (2006, Flist, M	induic)	
Reference Address /City/State/Zip code		Reference Contact Number
Reference Social Security Number		Reference Occupation
By Signing Below, I Hereby Certify Tha	at All This Ir	nformation Is Correct To The Best Of My Knowledge
X		
X		Primary Applicant
'`		If Primary Applicant is Underage, Secondary Applicant Sign Above

Apartment Lease Worksheet

Penny Jolene Adams would like to get her own apartment! She has looked around and finally found the perfect place. Penny used to live at 267 South Shore Dr. in San Diego, CA 2736l. She wanted to move a little close to home and has now found a place in San Francisco. Penny is a chef and her social security number is 269-17-6142. Penny's paychecks each month are \$4,890.26 before taxes are taken out. Penny would love to start her new lease on June I, 2015. She knows it will be a one year long lease. She loves that rent here is only \$950.00. The landlord, Michael Phillips, reminded her that there is a \$50.00 late fee and that she will need to give first month's rent as a deposit. Penny agrees to all these terms and can't wait to move in 😊

APARTMENT LEASE AGREEMENT

Tenant In	Tenant Information					
Tenant Name						
Tenant's Previous Address						
Tenant's Social Security Number						
Tenant's Occupation						
Tenant's Monthly Gross Income:						
Lease Ag	reement					
Lease Start Date						
Lease End Date						
Monthly Rent Amount						
Late Charge Fee						
Security Deposit						
Lease Aut	horization					
Landlord Name - PRINT						
Landlord - SIGNATURE						
Tenant Name - PRINT						
Tenant Name - SIGNATURE						
Rent Due the First of Each Month!						

Warranty Registration Worksheet

Jameson Richard Scott purchased a very expensive Black and Decker drill from Home Depot last weekend, July 7, 2017. It cost him \$299.99 but he knows it will be a great investment for his business. Today, when he was opening the box he noticed there was a warranty registration form inside to protect it in case it breaks so he can get his money back. Jameson looks up the drill's model number and it says 8902616XAT. Jameson lives at 10038 Gold Course Dr. Chicago, IL 16260. Jameson is looking forward to getting his drill registered so he can enjoy it for years and years to come!

WARRANTY REGISTRATION						
Model Number						
Date of Purchase						
Purchased From						
Purchase Price						
Your Name						
Mailing Address						
	Please Fill Out and Return Immediately					

Answer Key

	NEW PATIENT INTAKE PAPERWORK					
	PATIENT INFORMATI	ON				
Marks LAST NAME	Joan FIRST NAME		A MIDDLE INITIAL			
78 Agua Dr. SW	Phoenix	AZ STATE	26371 zipcode			
10/14/86 DOB (MM/DD/YY)	Customer Service Representative OCCUPATION	COVERED BY INSURANCE?	X YES NO			
	MEDICAL BACKGR	OUND				
PLEASE CHECK ALL THE MEDICAL COM	IDITIONS YOU HAVE BEEN DIAGNOSED WITH:					
ASTHMA	HEART DISEASE DIABETES	HEPATITIS	KIDNEY DISEASE			
EYE PROBLEMS	DEPRESSION/ANXIETY MIGRAINES	SEIZURES	OTHER, PLEASE EXPLAIN BELOW:			
Muscle Spasm		SLIZONES	— Oneignesse exceptions			
	3					
have Brou	PLEASE CIRCLE WHICH AREAS HAVE BROUGHT YOU INTO THE OFFICE TODAY					
PLEASE DESCRIBE, IN DETAIL: I am experiencing a lot of muscle spasms in my right arms. Additionally, my migraines are getting pretty bad and the medicine is no longer helping. These migraines feel different than before.						
	INSURANCE INFORMATION					
) }} (Premera	2736467429	18376			
()()	INSURANCE COMPANY NAME INS	URANCE ACCOUNT NUMBER	GROUP NUMBER			
\ \ \ \ \	Ethan Marks 63-273-136	3	27-367-1721			
لاسط لعسا	PRIMARY ACCOUNT HOLDER NAME PRIMARY ACCOUNT HOLDER	SOCIAL SECURITY NUMBER	YOUR SOCIAL SECURITY NUMBER			

JOB APPLICATION

Personal Information

LAST NAME Taylor	FIRST NAME Carter	MIDDLE INITIAL B	DATE 01/30/2015		
PRESENT ADDRESS			CITY	STATE	ZIPCODE
2636 Brookside	St.		Minneapolis	MN	56240

Employment Information

POSITION APPLYING FOR:	DATE YOU ARE AVAILABLE:	SALARY DESIRED:	DO YOU PREFER →		
Cook	1/31/2015	\$10.25	FULL TIME X PART TIME		

Availability

TOTAL DESIRED HOURS PER WEEK: 25

MONDA	Y	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
4 PM – 9 PM	Ð		4 PM – 9 PM		4 PM – 9 PM	9 AM – 9 PM	9 AM – 9 PM

Education

Name of Institution	Degree Received	Attended Start Date	Attended End Date	
Sunnyside High School	High School Diploma	September 2011	June 2015	

Reference # 1	Mrs. O'Brien: 271-927-1588
Reference # 2	Matt Enkler: 926-101-2631
Reference # 3	

nac		OII	T _	orm
	ALL	UUII	l G	

Last

Nora

First

G

Middle

Nora Grace Hilet Signature

261-23-0098

10/10/1999

Social Security Number

Date of Birth

251 West View Dr.

Address

Hilet

Apt Number

Atlanta

GA

City

State

04/25/2017

Date Account Opened

\$50.00

\$100.00

Automatic Monthly Deposit Amount

First Deposit Amount

Hilet, Anna, Lilly

If Under the Age of 18, Please Provide a Reference over 18 (Last, First, Middle)

251 West View Dr./Atlanta/GA/16351

629-380-3671

Reference Address /City/State/Zip code

Reference Contact Number

865-09-1526

Teacher

Reference Social Security Number

Reference Occupation

By Signing Below, I Hereby Certify That All This Information Is Correct To The Best Of My Knowledge

X Nora Grace Hilet
X Anna Lilly Hilet

Primary Applicant

If Primary Applicant is Underage, Secondary Applicant Sign Above

APARTMENT LEASE AGREEMENT

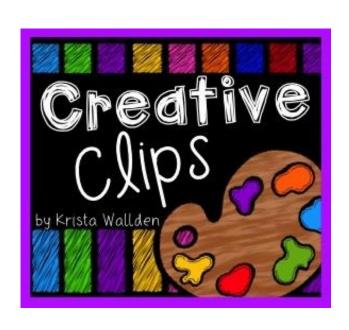
Tenant	Tenant Information					
Tenant Name	Penny Jolene Adams					
Tenant's Previous Address	267 South Shore Dr. in San Diego, CA 27361					
Tenant's Social Security Number	269-17-6142					
Tenant's Occupation	Chef					
Tenant's Monthly Gross Income:	\$4,890.26					
Lease Agreement						
Lease Start Date	June 1, 2015					
Lease End Date	June 1, 2016					
Monthly Rent Amount	\$950.00					
Late Charge Fee	\$50.00					
Security Deposit	\$950.00					
Lease A	uthorization					
Landlord Name - PRINT	Michael Phillips					
Landlord - SIGNATURE	Michael Phillips					
Tenant Name - PRINT	Penny Jolene Adams					
Tenant Name - SIGNATURE	Penny Jolene Adams					
Rent Due the First of Each Month!						

WARRANTY REGISTRATION	
Model Number	8902616XAT
Date of Purchase	July 7, 2017 or 07/07/17
Purchased From	Home Depot
Purchase Price	\$299.99
Your Name	Jameson Richard Scott
Mailing Address	10038 Gold Course Dr. Chicago, IL 16260
Please Fill Out and Return Immediately	

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