

# Stotland Medical Intake Form: Enter Details

Name \*

Email \*

Please share anything that will help prepare for our meeting.

Best contact phone number for the call \*

Please enter your date of birth \*

Enter current allergies \*

Enter Weight: \*

Enter Current medical conditions and medications:

Current symptoms? \*

Acute shortness of breath or difficulty breathing? \*

Yes  No

Please provide confirmation of payment, your consultation will pend until payment is submitted. You can call the office to take payment over the phone if you are having technical difficulties. Non-Telemed Prevention Consultation \$50 \*

Enter your Full Address: \*

Please email saved form to [doctorstotland@gmail.com](mailto:doctorstotland@gmail.com) and follow up at 724.299.1220