

New Patient Intake Form
Waitlist for
Drs. Stead, Brakel and Bak

Fill ALL SECTIONS of form out and fax to 705-429-7611

or drop off at Suite 101-14 Ramblewood Drive, Wasaga Beach, ON

Phone: 705-429-8270

Name: _____

Health Card #: _____

Date of Birth: _____ Phone: _____

Address: _____

Email Address: _____

Do you currently have a family physician? _____

If so, where? _____

CURRENT AND PAST MEDICAL CONDITIONS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

CURRENT MEDICATIONS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Signature _____

DATE: _____