

Panacea Medical Clinic
 3-620 Dakota St, Winnipeg, Manitoba, R2M 3K1
 Phone: 204.255.1135, Fax: 204.255.4835

MEDICAL HISTORY FORM TO ACCEPT NEW PATIENT

First Name : Last Name: Middle I. :.....
 Address : Province: Postal Code:
 Home phone: Cell phone :E-mail:
 Date of Birth :Gender :Height:(cm/in) Weight:(Kg/Lb)
 Manitoba Health Reg. (6 Digit): PHIN (9 Digit)

Previous Family Doctor (If any) Name : Phone:

Emergency Contact:

Name Phone: Relationship:

Past Medical History				
Medical History	Year	Any specialist Doctor Involved	Resolve or Still suffering	Comments

Medication Requirements / Chronic care				
Name of Medicine	Dosage	Frequency	Why do you take it?	How long?

Do you use (Please Circle) – Narcotics : Y/N,
 Tylenol 3: Y/N,
 Benzodiazipine: Y/N

Do you carry Epi-Pen (Please Circle) : Y/N,

Any Medicine Allergy
 Any Non-medication Allergy

Family Medical History-Grandparents, Parents, Siblings have any health conditions(Cancer, diabetes)		
Family Member	Medical conditions	Comments

Social History				
	Yes / No	Frequency of use	If quit, date of quit	Comments
Alcohol				
Recreational Drugs				
Marijuana				
Cigarettes				

OTHER: (Please describe if there is any other health concerns, Conditions, and Medications:

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Signature: Date: