

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

**MEDICAL HISTORY FORM TO ACCEPT A 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,  
 Benzodiazepine: 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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Note: Panacea Medical Clinic is using AI-Software (Artificial Intelligence) to take SOAP notes. [A SOAP note stands for subjective (information relayed by the patient), objective (information relayed by the doctor), assessment (verbalized information by the physician during the exam), and a plan of action for patient care]. By signing this form you are authorizing the doctor to take a SOAP note through AI, otherwise please let the doctor know ahead of time.

Signature: .. ..... Date: .....