

New Patient Form (PLEASE COMPLETE BOTH SIDES)

your initials _____

PATIENT: FIRST _____ MIDDLE _____ SURNAME : _____

Male/Female (circle)

DATE OF BIRTH_ yyyy/mm/dd _____

RESIDENTIAL ADDRESS _____

CITY _____

PROV _____

POSTAL CODE _____

HEALTH CARD # _____ Version Code _____ PROVINCE _____

EMAIL ADDRESS _____ MOTHER or FATHER(circle)

BEST CONTACT NUMBER _____

ALTERNATE CONTACT NUMBERS : name/relationship/type 1. _____

2. _____ 3. _____

REFERRING DOCTOR, or FAMILY DR if applicable _____

PARENTS/GUARDIAN INFO:

MOTHER'S FULL NAME _____ DATE OF BIRTH _____

MARITAL STATUS: circle Single/Married/Widowed/Divorced/Separated OCCUPATION _____

MEDICAL PROBLEMS: _____

ALLERGIES _____

FATHER'S FULL NAME _____ DATE OF BIRTH _____

MARITAL STATUS: circle Single/Married/Widowed/Divorced/Separated OCCUPATION _____

MEDICAL PROBLEMS: _____

ALLERGIES _____

Please circle any of the following parents,aunts/uncles, brothers/sisters, or grandparents have/had, add details if possible

Birth Defects _____ Mental health issues _____ TB _____ CYSTIC Fibrosis

Blood disorders- Sickle cell, thalassemia, other _____ Diabetes _____ Inherited Diseases : _____

Asthma Learning Disabilities Hepatitis

HEART ATTACKS STROKES SUDDEN or UNEXPLAINED DEATH

HEART DISEASE with BYPASS/STENTS/ANGIOPLASTY ____ Add details _____

Cancer _____ (type and whom)

Seizures _____

Hearing/Vision Impairment _____ Disabilities _____

Other (please add detail) _____

Please list age, gender, and health of child's sibling(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

other

PATIENT MEDICAL HISTORY

Past or known illnesses- eg asthma, major infections, chronic conditions

Previous Hospitalizations or Surgery (date and details as applicable)

ALLERGIES KNOWN (such as drugs, food, seasonal and environmental)

ANY INFO for patient you wish to inform us of (such as social situation, special needs, school concerns, peculiarities etc)

WE USE EMAILS (please circle if you wish us or not to use this mode of communication) to notify you, remind and confirm appointments OK NOT OK

to communicate and deliver requisitions, consultation appointment notices, prescriptions and refills, and other information as maybe necessary to provide efficient and expedient care

OK NOT OK