

DUFFERIN HEALTH
Dr. M. Ranji, MD, CCFP
 1801 Eglinton Ave. West, Toronto ON M6E 2H8
 Tell (416) 657-1321

Patient Intake Form:

In order to have better understanding of your health, the attending physician will need the below information. Please take your time to complete this form.

Today's Date(Yr/Mt/Day): _____

Reason for today's visit: _____

Other health concerns, in order of importance:

1.	2.
----	----

First name:	Middle:	Last:
Date of Birth: / /	Health Card expiry date:	
Address:		Postal Code:
Contact phone #:		
Next of Kin (name and phone #):		
Allergies:		
Medications (prescribed):		
Medications (non-prescription):		

Check (✓) if you any of the below conditions:

Arthritis: _____ / Asthma: _____ / Diabetes: _____ / Heart Disease: _____ / High Cholesterol: _____
High blood pressure: _____ / Cancer: _____
Kidney disease: _____ / Liver disease: _____ / Mental Health issues: _____ / Osteoporosis: _____
Seizure: _____ / Skin disease: _____ / Stroke: _____
Recent surgeries / hospital admission:

Is there anything else about your health that you'd like us to know?

Who is your previous / current family physician? _____

What was the reason you didn't see your family physician today?

Signature:

Confidentiality Statement:

Your personal Health information provided above will be used by our clinic to provide you optimal possible medical care in collaboration with your other health care providers. We are not allowed to share it with anybody else without your permission, unless required by law.

Feedback

We welcome your feedback to improve quality of patient care; please feel free to drop us a line down below here or via our website, dufferinhealth.com/

.....

