NEW PATIENT INTAKE FORM

<Patient Information>			
Surname		**First name**	
Birthdate (m/d/y)		**Gender**	☐Male ☐Female
Care card #		**Email address**	
Marital Status		**Occupation**	
Cell number		**Home number**	
Street address			
City		**Postal code**	
Height	cm / ft	**Weight**	kg / lb
<Emergency Contact>			
Name		**Relationship**	
Contact number			
<Health and Medical Information>			
Current medications	(name, dose, frequency)		
Allergies	(drugs /food):		
List any medical problems	(past, chronic, ongoing, new):		
Past surgeries	☐Tonsils ☐Gallbladder ☐Appendix ☐Uterus/Ovaries ☐Other:		
Are you under any specialists?	☐Yes ☐No If yes, describe briefly:		
Do you exercise?	0 1 2 3 4 5 6 7 days per week		

Do you smoke?	☐past ☐current # of Years: _____ # of Cig/day: _____ ☐No	**Do you drink alcohol?**	☐Yes ☐No ___ drinks/week
Do you use any recreational drugs? If so, which ones and how often per week?			
Family history of medical problems	Father: Mother: Brother: Sister: Other:		

<Immunization>			
Tetanus	Year:	Pneumonia Vaccine	Year:
Flu Vaccine	Year:	HPV Vaccine	Year:
Hepatitis A	Year:	Hepatitis A	Year:
Shingles (over 50 years old)		Year:	
<Screening Tests>			
Stool test for bowel cancer screening, also known as FIT test (Year):			
Males only	Prostate Specific Antigen(Year):		
Females only	Last Pap smear (Year):	Mammogram(Year):	
Who was your previous family doctor?			
Do you agree for your pharmanet profile (medications dispensed at pharmacies) to be checked?		☐Yes ☐No	
Do you have a preferred pharmacy? If so, which one?			
Pharmacy address			
Pharmacy contact number			
Do you have extended health insurance?		☐Yes ☐No	
<No-show Policy> I consent to Good Shepherd Medical Centre's no-show policy and will be charged $50 for a regular visit, follow-up visit and/or telehealth if I do not show up for an appointment or I cancel within 48 hours.		☐Yes	
Signature: _____		**Date: _____**	