108-15325 56th Avenue
Surrey, BC V3S 0X9
P: 604-303-6342 F: 604-372-2770

New Patient Forms

Patients Demographics

Surname:_____

First Name :_____

Email :_____

Care Card # :_____

Date Of Birth:_____
(m/d/y)

Male or Female:_____

Street address:_____

City:_____

Postal Code: _____

Home #:_____

Cell #: _____

Work #:_____

Marital Status:_____

Spouse Name: _____

Emergency Contact #:_____

Spouse Phone #:_____

Previous Physician:_____

If under 18, Guardian Name:_____

Occupation:_____

Phone # of Guardian:_____

Medical History (Please circle any medical conditions)

Diabetes	Thyroid Disease	Cancer (Type)	Heart murmur	Gout
High blood Pressure	Low blood Pressure	High Cholesterol	Sleep apnea	Varicose Veins
Heart murmur	Kidney stones	Hernia	Depression/ anxiety	Memory Loss
pneumonia	Asthma/COPD	allergies	seizures	glaucoma
cataracts	Eczema	Psoriasis	Anemia	Blood Transfusion
Hernia	Genital Warts	STI	Hepatitis	Migraines
Osteoporosis	Chicken Pox	Tuberculosis		

Hospital Admissions (Do not include pregnancies)

Date	*Illness or Operation*	*Hospital Location:*	*Surgeon*

Allergies (Please include all allergies)

Allergies	Reaction

Life Style

Cigarettes?	Pks a day?	# of years smoking?	Quit smoking?
Alcohol?	# of drinks a week?		
Coffee?	# of cups a day?		
Regular Exercise?	Yes	No	Type:
Street Drugs	Yes	No	Type:

Test/Exams

Cholesterol Check	Year:	Diabetes	Year:
Mammogram	Year:	Pap Smear:	Year:

Chest Xray	**Year:**	**ECG**	**Year:**
Eye Exam	**Year:**	**Blood Tests**	**Year:**

Immunization

Tetanus	**Year:**	**Pneumonia Vaccine**	**Year:**
Flu Vaccine	**Year:**	**HPV Vaccine:**	**Year:**
Hepatitis A	**Year:**	**Hepatitis B**	**Year:**

Family History (Please circle any of the following conditions)

Diabetes	**High Blood Pressure**
Cancer	**Stroke**
High Cholesterol	**Heart Disease**
Mental Illness	**Eczema**
Thyroid Disease	**Osteoporosis**
Arthritis	**Asthma**
Epilepsy	**Glaucoma**
Bleeding Disorder	**Genetics Disease**

Current Medications

Name of Medication	Dosage/Frequency

How did you hear about our clinic?

_____