INWELL MEDICAL
"Care, Collaboration , Convenience"

CONFIDENTIAL NEW PATIENT INTAKE FORM

Print this page and bring it with you to your first appointment.

First Name	**Personal Health Number**
Last Name	**Date of Birth (dd/mm/yyyy)**
Marital status ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	**Gender** ☐ M ☐ F ☐ Other
Previous or referring doctor	**Date of last doctor's appointment**
Reason for transfer/request for new doctor	

YOUR CONTACT INFO

Address		
City	**Province**	**Postal Code**
Phone #	**Best Daytime #**	**Email address**

EMERGENCY CONTACT INFO

Name	**Phone #**	**Relationship**

HEALTH HISTORY

List any medical problems other doctors have diagnosed (past, chronic, ongoing, new, surgeries)	**List all medications (prescription as well as non-prescribed such as vitamins, etc)**
Family history of medical problems	**Allergies**

Do you currently have any medical/legal, ICBC, WorkSafe or other issues we should be aware of? If yes, explain:	☐ Yes	☐ No
Is there anything else you would like us to know about your health? If yes, explain:	☐ Yes	☐ No

Signature _____

Date _____