

Meadowvale Medical Centre

109-6750 Winston Churchill Blvd., Mississauga, Ontario, L5N 4C4 Fax: 905 997 3088 Phone: 905 997 3080

Patient Intake Form

First name: _____ **Last name:** _____ **Date of Birth:** _____
(Day/Month/Year)

Healthcard Number: _____ **Version Code** (two letters at the end of the numbers): _____

Address: _____ **Phone number:** _____ **E-mail Address:** _____

Occupation: _____ **Marital Status:** single married widowed divorced separated

Emergency contact name: _____ **Relation to you** (family member, spouse, friend): _____

Emergency Contact phone number: _____

Past Health History

1. Do you have any **Allergies**? Please list: _____

2. Do you take any **medications**? Please list:

3. Do you **smoke**? No Yes Number of packs/day: ___ Number of years ___

4. Do you drink **coffee/tea**? No Yes Number of cups/day: ___

5. Do you **exercise** regularly? No Yes Number of times/week: ___

6. **Diet:** Adequate Inadequate Vegetarian Other: _____

7. List any **serious illnesses, operations, or admissions to the hospital** you have had:

<u>Date</u>	<u>Illness</u>	<u>Hospital (if admission)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Family Health History

Please list **significant health problems** (heart disease, cancer, diabetes, mental illness) of the following people (if any):

Age List of medical problems
Father: _____

Mother: _____

Brother(s): _____

Sister(s): _____

Children: _____

Other relatives: _____
