



PRANA FAMILY AND WALK-IN MEDICAL CENTRE

208 REGENT AVENUE WEST.WINNIPEG.MB R2C 1R2

PHONE: 204 222 6771 / FAX: 204 777 1728

NEW PATIENT FORM

FOR FASTER RESPONSE, ALL SECTIONS MUST BE COMPLETED IN FULL.

ANY MISSING INFORMATION MAY RESULT IN NOT HAVING AN APPOINTMENT.

PLEASE NOTE THAT SOME DOCTOR'S PRACTICES MAY BE FULL FOR SOME CONDITIONS - WE WILL NOTIFY YOU

DATE: _____

DAY PHONE#: _____

DOCTOR REQUESTED: _____

WORK PHONE#: _____

NAME: _____

PHIN: _____

GENDER: MALE / FEMALE: _____

MH : _____

DATE OF BIRTH: _____

ADDRESS: _____ POSTAL CODE _____

DO YOU CURRENTLY HAVE A FAMILY DOCTOR? Please circle one YES / NO

IF YES, WHO IS YOUR FAMILY DOCTOR: _____

REASON FOR SWITCHING: _____

DO YOU USE NARCOTICS REGULARLY? (EX. MORPHINEM PERCOCET, TYLENOL#3 OR ANY TRIPLICATE)

Please circle one. YES/NO

PLEASE GIVE A BRIEF MEDICAL HISTORY: Please check ALL THAT APPLY:

- | | | |
|---|---|--|
| <input type="radio"/> Alzheimer's Disease | <input type="radio"/> Cancer | <input type="radio"/> Hepatitis |
| <input type="radio"/> Depression | <input type="radio"/> Fibromyalgia | <input type="radio"/> High Cholesterol |
| <input type="radio"/> Log term back pain | <input type="radio"/> Parkinson's Disease | <input type="radio"/> Chronic fatigue syndrome |
| <input type="radio"/> Anxiety | <input type="radio"/> Asthma | <input type="radio"/> High blood pressure |
| <input type="radio"/> Diabetes | <input type="radio"/> Heart Disease | <input type="radio"/> Arthritis |
| <input type="radio"/> Long term pain | <input type="radio"/> Psychiatric history | |

Please include any other conditions if not listed here:

FULL LIST OF MEDICATIONS:

This form is for information purposes only and not an agreement to becoming a new patient for a doctor.

You will be advised by telephone if accepted to schedule a first visit appointment. A first visit appointment is for information gathering ONLY. If you have medical concerns please make another appointment. Any omission of information for falsifying information may lead to immediate rejections.

Please note, you may be charged \$50 for a missed appointment without 2 business days notice. All fees collected are donated to a local charity.

Signature: _____

FOR OFFICE USE ONLY:
DEMOGRAPHIC VERIFIED