



NEW PATIENT INTAKE FORM

Jensen Lakes Medical Centre | Family Medicine

CONFIDENTIAL

PERSONAL INFORMATION

Last Name First Name Date of Birth (DD/MM/YYYY)

Email Address Phone Number Sex: Male Female Other

MEDICAL HISTORY

Do you have any of the following? (check all that apply)

- Diabetes Hypertension Heart Disease Stroke Asthma / COPD
 Thyroid Disease Cancer Depression / Anxiety Arthritis Kidney Disease
 Epilepsy HIV / AIDS Hepatitis Osteoporosis Other: _____

Previous Surgeries / Hospitalizations (list all)

CURRENT MEDICATIONS & ALLERGIES

Current Medications (name, dose, frequency)

Allergies & Reaction

FAMILY HISTORY

Family history of: (check all that apply)

- Heart Disease Diabetes Cancer Stroke Mental Illness
 Hypertension Kidney Disease Thyroid Disease Other: _____

LIFESTYLE

Smoking: Never Former Current Alcohol: None Occasional Regular Exercise: Sedentary Moderate Active

REASON FOR TODAY'S VISIT

Chief Complaint / Main Concern

Additional Notes

CONSENT & SIGNATURE

I authorize Jensen Lakes Medical Centre and its physicians to provide medical care and to collect, use, and disclose my personal health information as necessary for treatment purposes, in accordance with applicable privacy legislation (Alberta Health Information Act).

Patient / Guardian Signature Date Health Card #