BONAVISTA MEDICAL GROUP

104-265 King George Rd
Brantford, ON, N3R 6Y1

Tel: 519-759-4060
Fax: 519-759-8807

PATIENTS HEALTH PROFILE

All questions in this questionnaire are strictly confidential and will become part of your medical record

NAME		☐ M ☐ F	**DOB:**
MARITAL STATUS:	☐ Single ☐ Partnered ☐ Married ☐ Common-Law ☐ Separated ☐ Divorced ☐ Widowed Occupation_____		
CHILDHOOD ILLNESS:	☐ Measles ☐ Mumps ☐ Rubella ☐ Chicken pox ☐ Rheumatic Fever ☐ Polio		
IMMUNIZATIONS :	**Child :**	All recommended childhood immunizations (including high school)	☐ Yes ☐ NO
IMMUNIZATIONS :	**Adult**	☐ Tetanus ☐TdPolio ☐ Influenza ☐ Chicken pox ☐ TB ☐ MMR measles mumps rubella	
Males PSA ☐ Yes ☐ No Date _____	☐ Pneumococcus pneumonia ☐Hepatitis B ☐ Hepatitis A ☐ Step Test ☐ HPV cervical cancer ☐ Shingles Herpes zoster ☐TB		
OTHER PREVENTATIVE HEALTH MEASURES :	**Last complete physical exam :**	**Female: Date of last Pap :**	**Female : Date of last mammogram**

MAJOR MEDICAL PROBLEMS DIAGNOSED IN THE PAST (e.g. diabetes, heart attack, stroke, arthritis, asthma)

(1)	(4)	(7)
(2)	(5)	(8)
(3)	(6)	(9)

SURGERIES

YEAR	REASON	HOSPITAL

OTHER HOSPITALIZATIONS

YEAR	REASON	HOSPITAL

HAVE YOU EVER HAD A BLOOD TRANSFUSION?	☐ YES ☐ NO

DRUGS (PRESCRIPTION AND NON PRESCRIPTION)	
List prescribed drugs you take regularly	List over the counter drugs, e.g. vitamins, etc...

WHAT PHARMACY / PHARMACIES DO YOU USE TO GET YOUR PRESCRIPTION DRUGS?
→

ALLERGIES AND OTHER SERIOUS SIDE EFFECTS TO MEDICATIONS	
NAME OF DRUG	REACTION YOU HAD

EXERCISE	Regular exerciser	☐ YES	☐ NO
ALCOHOL	Do you drink alcohol?	☐ YES	☐ NO
TOBACCO	Do you use tobacco?	☐ YES	☐ NO
DRUG	Do you currently use recreational or street drugs	☐ YES	☐ NO
	Have you ever given yourself street drugs with a needle	☐ YES	☐ NO

	AGE	SIGNIFICANT HEALTH PROBLEMS
MOTHER		
FATHER		
SIBLINGS	GENDER, AGE	
	☐ M ☐ F	
	☐ M ☐ F	
	☐ M ☐ F	
CHILDREN	☐ M ☐ F	
	☐ M ☐ F	
	☐ M ☐ F	
	☐ M ☐ F	
GRANDMOTHER MATERNAL		
GRANDFATHER MATERNAL		
GRANDMOTHER PATERNAL		
GRANDFATHER PATERNAL		

I HAVE A LIVING WILL	☐ YES	☐ NO

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

☐ Book Physical Exam ☐ Consent for Release of Medical Information

☐ Chart Transfer ☐ Health Care Connect ☐ Continue Care with Previous FP

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PATIENT INTAKE FORM

LAST NAME _____ FIRST NAME _____ DOB _____

ADDRESS _____ CITY _____ POSTALCODE _____

HOME # _____ CELL # _____ WORK# _____

EMAIL _____ EMPLOYER _____

FAMILY PHYSICIAN _____ PHYSICIAN # _____

EMERGENCY CONTACT _____ PHONE # _____ RELATIONSHIP _____

If you are feeling chest pain or shortness of breath please stop filling this form out and go to the nearest hospital

1. A valid health card is required for all OHIP visits. Without an OHIP card a fee applies.
2. Patients are seen on a first come first serve basis for walk in appointments.
3. No lab test results are given over the phone.
4. You will not be contacted if lab results or tests are negative.
5. Prescriptions are not filled out or refilled over the phone. You are required to come in person to obtain any repeats for medications.
6. **No narcotics or controlled substances will be prescribed at this clinic.**
7. For emergency it is advised that you go to your nearest ER department.
8. The clinic hours are subject to change without notice.
9. Not all services are OHIP covered. Please enquire if you are unsure.
10. Laboratory serves may require a wait time. There is no wait time guarantee. For fasting blood work please book an appointment with the front desk once the doctor has given you a lab requisition.
11. If we do not obtain complete charts from your previous physician(s), certain documentation may be required for optimal health care. This will be at the discretion of the doctor.
12. Medical advice is never give over the phone.
13. It is not guaranteed that the physician will be able to accommodate more than one issue per visit.
14. Cancellations for booked appointments must be made within 24 hours. Cancellations can only be made by voice contact (cannot be left by message). Cancellations less the 24 hours are subject to a fee.
15. Referrals to specialist will be handled as promptly as possible. However due to the specialist waiting list there is no guarantee as to how soon you can get an appointment time. It is in your best interest to call their office directly to ask for cancellations.
16. If you have forms to fill out, filling them out is at the physician's discretion, fees may apply.
17. Physicians can only write prescriptions for patients they see. They cannot write prescriptions for family members or friends without seeing them.
18. The clinic reserves the right to decline bookings for family medicine if the patient fails to follow the cancellation policy. In this case you may only be able to use the clinic on a walk in bases.
19. All of your information is confidential, only health care providers who are directly involved in your case will have access to your chart. If you wish to release information to others providers please sign a consent form to do so.

I have read, understood, and am willing to abide by the clinic policy.

DATE _____ **NAME** _____ **SIGNATURE** _____