ERIN RIDGE
MEDICAL CLINIC

# PATIENT INTAKE FORM

| | | | |
|---|---|---|---|
| Legal Name of Patient: | **Surname** | **First** | **Middle** |
| Previous Name(s) if applicable: | | | |
| Sex (Please Specify): | | | |
| Date of Birth: | Day | Month | Year |

| | | | |
|---|---|---|---|
| **Address:** | **City:** | **Province:** | **Postal Code:** |

| | | | |
|---|---|---|---|
| Phone Number: | Home | Work | Cell |
| Email Address: | | | |

| Emergency Contact Name: | Cell/Home Phone Number | Work/Alternate Phone Number | Relationship |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

| **Reason for today's visit** |
|---|
| |

| **Current Medications: List all medications you are currently on** | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| **Allergies: List any allergies you have** | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ERIN RIDGE
MEDICAL CLINIC

| Health Conditions: Please check any conditions you have/ or have had in the past | | | |
|---|---|---|---|
| ☐ Heart Disease | ☐ Seizures | ☐ Pacemaker | ☐ Other: |
| ☐ High Blood Pressure | ☐ Heart Attack | ☐ Diabetes | ☐ Other: |
| ☐ Low Blood Pressure | ☐ COPD | ☐ Cancer | ☐ Other: |
| ☐ Rheumatoid Arthritis | ☐ Currently Pregnant | ☐ Stroke | ☐ Other: |
| ☐ Osteoarthritis | ☐ Previously Pregnant | ☐ Blood Disorder | ☐ Other: |

| Medical History: (Including Surgeries) | |
|---|---|
| **Date (Day/Month/Year)** | **Condition/Surgery/Procedure** |
| | |
| | |
| | |
| | |
| | |

| Preferred Pharmacy: (Name/Address) |
|---|
| |

| Alberta Health Care Card #: |
|---|

I have completed the form to the best of my ability.

Client Name: _____

Client Signature: _____ Date: _____

---

**OFFICE USE ONLY: Vital Signs from initial visit**

| Body Temp. | Blood Pressure | Pulse Rate | Height (cm) | Weight (kg) | Respiartion Rate |
|---|---|---|---|---|---|
| | | | | | |

**Notes:**