NEW PATIENT INTAKE FORM	7	
FIRST NAME:	PREVIOL	JS FAMILY PHYSICIAN:
LAST NAME:	DOB:	HEALTHCARD:
CONTACT TEL:	E-MAIL:	The state of the s
ADDRESS:		
СПҮ:	POSTAL C	ODE:COUNTRY:
EMERGENCY CONTACT INFO: Relation Relation		Is it OK to contact you by e-mail? Yes No Contact number: Contact number:
PAST MEDICALHISTORY:		PAST SURGERIES AND PROCEDURES: (please include dates)
FAMILY HISTORY: please indicate any s (e.g. Diabetes, Cancer, High blood pressure, he	significant medical is eart attack, stroke, lu	sues among family members and who they affect ung disease, etc)
PREVENTATIVE HEALTH/LIFESTYLE:		
(please circle one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye	Yes No es No	, and the second of the second
(please circle one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe:	Yes No es No	Family dependents:
(please dirde one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS:	Yes No es No	Family dependents:
(please circle one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe:	Yes No	NON-PRESCRIPTION MEDICINES: (Over- the-counter, herbal, vitamins, other etc)
(please circle one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS: ALLERGIES: Reaction: Reaction:	Yes No	NON-PRESCRIPTION MEDICINES: (Over- the-counter, herbal, vitamins, other etc)
(please dirde one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS: ALLERGIES: Reaction: Reaction: Mhen did you last have the following;	Yes No	NON-PRESCRIPTION MEDICINES: (Over- the-counter, herbal, vitamins, other etc)
(please circle one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS: ALLERGIES: Reaction: Reaction: Reaction: Pap Smear	Yes No	NON-PRESCRIPTION MEDICINES: (Over- the-counter, herbal, vitamins, other etc) Reaction: Reaction:
(please dirde one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS: ALLERGIES: Reaction: Reaction: When did you last have the following; Pap Smear Mammogram Mammogram	Yes No	NON-PRESCRIPTION MEDICINES: (Over- the-counter, herbal, vitamins, other etc) Reaction: Reaction: Preaction: Preumonia
(please dirde one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS: ALLERGIES: Reaction: Reaction: Reaction: Mhen did you last have the following; Pap Smear Mammogram Hemoccult- FIT	Yes No	NON-PRESCRIPTION MEDICINES: (Over- the-counter, herbal, vitamins, other etc)
(please circle one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS: ALLERGIES: Reaction: Reaction: When did you last have the following; Pap Smear Mammogram Hemoccult- FIT (stool test for colon cancer screen)	Yes No es No	NON-PRESCRIPTION MEDICINES: (Over- the-counter. herbal, vitamins. other etc) Reaction: Reaction: Pheumonia Pheumonia Tetanus HPV
(please circle one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS: ALLERGIES: Reaction: Reaction: Men did you last have the following; Pap Smear Mammogram Hemoccult- FIT (stool test for colon cancer screen) Colonoscopy	Yes No es No	NON-PRESCRIPTION MEDICINES: (Over- the-counter, herbal, vitamins, other etc) Reaction: Reaction: Preumonia Preumonia Tetanus HPV Shingles
(please circle one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS: ALLERGIES: Reaction: Reaction: Mhen did you last have the following; Pap Smear Mammogram Hemoccult- FIT (stool test for colon cancer screen) Colonoscopy Prostate Exam	Yes No	NON-PRESCRIPTION MEDICINES: (Over- the-counter, herbal, vitamins, other etc) Reaction: Reaction: Preumonia Preumonia Tetanus HPV Shingles Hepatitis A
(please circle one) Do you smoke? Ye Do you use any recreational drugs? Do you exercise regularly? Ye If yes, describe: EDUCATION/OCCUPATION: HOBBIES/INTERESTS: RELIGION/FAITH: PRESCRIPTION MEDICATIONS: ALLERGIES: Reaction: Reaction: Men did you last have the following; Pap Smear Mammogram Hemoccult- FIT (stool test for colon cancer screen) Colonoscopy	Yes No	NON-PRESCRIPTION MEDICINES: (Over- the-counter, herbal, vitamins, other etc) Reaction: Reaction: Pneumonia Tetanus HPV Shingles Shingles