

# Dr. Shahzeb Ahmed Khan

MBBS, MRCP(UK),CCFP(Canada)

**FAMILY PHYSICIAN**

## New Patient Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender M or F

Address: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

PROVIDE A COPY ATTACHED OF YOUR MSP SERVICES CARD!

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ &

Tel. Number: \_\_\_\_\_

Previous and Current Medical Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Surgery/Procedure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family History of Medical Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Smoking History: Never Smoked ☐

Ex-Smoker ☐

Smoker ☐

#110 – 20528 Lougheed Highway  
Maple Ridge, BC V2X 2P8  
Tel: 604-465-1100 ext. 106 ♦ Fax: 604-465-3540  
Email: dr.shahzeb.a.khan@gmail.com

If currently smoking, amount and how often: \_\_\_\_\_  
Alcohol Y or N If yes, Amount and how often: \_\_\_\_\_  
Cannabis Y or N If yes, amount and how often: \_\_\_\_\_  
Other Addictions: \_\_\_\_\_  
Medical Allergies: \_\_\_\_\_  
Preferred Pharmacy: \_\_\_\_\_

Vaccination History:

\_\_\_\_\_

\_\_\_\_\_

Cervical Screening History (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Breast Screening History (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Bowel Cancer Screening History (if applicable):

\_\_\_\_\_

\_\_\_\_\_

List of Current Medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous or current family doctor: \_\_\_\_\_

Reason for Transfer:

\_\_\_\_\_

\_\_\_\_\_

Our clinic uses **Heidi AI**, a secure transcription service, to accurately document consultations. By signing below, **you consent to this use and acknowledge receipt of the office policy.**

Signature: \_\_\_\_\_

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## Appointment and No-Show Policy

At Mageta Medical Clinic we strive to provide the best care and service to our patients. To ensure that every patient receives the attention they deserve, we request that all patients adhere to the following guidelines regarding appointments and cancellations.

### 1) Appointment Scheduling

- Appointments are scheduled based on availability and the patient's specific needs.
- When scheduling an appointment, it is the patient's responsibility to verify the date and time to ensure they can attend.

### 2) Cancellations and Rescheduling

- We kindly ask for 24 hours notice if you are unable to attend your appointment. This allows us to offer the appointment slot to another patient.
- Cancellations can be made by calling the clinic directly at *[604-465-1100 EXT.106]*.
- If an appointment is missed without prior notice, it will be marked as a **No-Show**.

### 3) No-Show Policy

- A No-Show is defined as failing to attend an appointment without providing at least 24 hours notice of cancellation.
- After one missed appointment without prior notice, patients will receive a reminder about the importance of attending scheduled appointments.
- After two No-Shows, we will require you to pay "No Show Fee" (amount \$50) to book future appointments. If the patient misses a third appointment, the clinic reserves the right to discharge the patient from the practice.

### 4) Late Arrivals

- If you arrive more than 10 minutes late to your appointment, we may need to reschedule you for another time.
- In some cases, a late arrival (less than 10 minutes), may result in a shorter consultation time, depending on the provider's schedule.
- For more than 2 late arrival times, a \$50 fee will be charged before booking a 3<sup>rd</sup> appointment.

## **5) Mutual Respect and Zero Tolerance for Violence**

- We are committed to providing a safe and respectful environment for both our patients and staff.
- All interactions within the clinic, whether in person, over the phone, or email, must be conducted with respect and courtesy.
- Violence, threats, or abusive language will not be tolerated under any circumstances. This includes physical violence, verbal abuse, harassment, intimidation, or any other disruptive behavior.
- In the event of any violent or abusive behavior, the patient will be asked to leave the premises immediately and may be discharged from the practice. In serious cases, law enforcement may be contacted.

## **7) Medication Refills**

- It is the patient's responsibility to manage their own medication administration, including keeping track of medication supply and refills.
- If you are running low on medication, please contact the doctor's Medical Office Assistant (MOA) at least one week prior to the end of your medication to allow adequate time for processing your refill request.
- Refills will only be provided during office hours and may require a follow-up appointment if your last visit was over 1 month ago, depending on the nature of the medication.
- We do not provide medication refills for controlled substances or medications without proper follow-up consultations.

## **8) Exceptions**

- We understand that emergencies or unforeseen circumstances may arise. If you miss an appointment due to an emergency, please notify us as soon as possible so that we can consider this on a case-by-case basis.
- Exceptions to this policy, will be reviewed at the discretion of your family physician.

## **9) Consequences of Frequent No-Shows, Violent Behavior, or Medication Mismanagement**

- Repeated no-shows or cancellations without proper notice can result in termination of care from Mageta Medical Clinic.
- Violent or abusive behavior will result in immediate action, including potential termination of care and possible legal intervention.
- Failure to properly manage medication refills and appointments may result in interruptions in medication access and a review of continued care with the clinic.

We reserve the right to refuse future appointments or to ask patients to seek care elsewhere if they continue to miss appointments without notice, engage in inappropriate behavior, or fail to manage their medication properly.

By signing below, you acknowledge that you have read, understood, and agree to adhere to the terms of this Appointment and No-Show Policy, including the sections on mutual respect, zero tolerance for violence, and medication refills.

Patient Name (Printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_