

Patient Information Form

Please complete this form and bring it with you to your first appointment with a new family doctor. Please do not submit this form to the North Shore Division of Family Practice.

Name:	
--------------	--

Current Medications:

Medication	Dose (e.g. 50mg)	Frequency (e.g. twice a day)

Please list any allergies you may have below:

For the Family Doctor

The North Shore Division of Family Practice requests that you accept this person as a new patient in your practice. After you have had your first visit with this patient, please notify us at 778-945-3017 or northshore@divisionsbc.ca.