

## New Patient Registration Form

Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (circle) MALE FEMALE  
MONTH DAY YEAR

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

Postal Address (if different): \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Preferred number (circle) Home  
Cell: \_\_\_\_\_ Cell  
Work: \_\_\_\_\_ Work

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

Health Care Card Number: \_\_\_\_\_ Province/Territory of Issue: \_\_\_\_\_

Have you been living in British Columbia for more than 3 months? (circle) YES NO

If no, where did you live previously? \_\_\_\_\_ When did you arrive to BC? \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you have a Family Doctor? (circle) YES NO

If yes, who? \_\_\_\_\_ Where is their office? \_\_\_\_\_

Have you seen a doctor in Squamish or Whistler in the past 12 months? (circle) YES NO

If yes, who did you see? \_\_\_\_\_

Do you have any Drug Allergies? (circle) YES NO

If yes, please list: \_\_\_\_\_ Reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact

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

Relationship: \_\_\_\_\_

*Please bring this form with you to your first appointment.*