

New Patient Application

Last Name	First Name
Date of Birth (DD/MM/YYYY)	
Care Card Number	
Address	
Occupation/Profession	
Have you been living in British Columbia for more than 3 months?	Y / N (please circle one)
Phone (Cell Phone)	
Phone (Home Phone)	
Email Address	
Consent for Email and Message Communication?	Y / N (please circle one)
Emergency Contact (Name, Phone Number, Relationship)	
Do you currently have a General Practitioner? If yes, who is your current GP and what is the reason for wanting to change?	Y / N (please circle one)
Allergies	
Preferred Pharmacy	

<p>Medical Conditions (Including past surgeries, mental health history)</p>	
<p>Any hospitalizations/hospital admissions?</p> <p>If yes, what was the reason?</p>	<p>Y / N (please circle one)</p>
<p>Current Medications (Name, Dose, Frequency)</p> <p>Any contraceptives? Including IUD or transdermal implant (e.g. Nexplanon)</p>	
<p>Last mammogram date and results</p>	<p>Date: Results:</p>
<p>Last PAP smear date and results</p>	<p>Date: Results:</p>
<p>Last colonoscopy date and results</p>	<p>Date: Results:</p>
<p>Are you currently following any specialists?</p> <p>If yes, what speciality and when was your last follow up date?</p>	<p>Y / N (please circle one)</p>
<p>Do you smoke tobacco?</p>	<p>Y / N (please circle one)</p>

If yes, how many packs per day?	
Do you or have you used vapour products? If yes, how many per day?	Y / N (please circle one)
Do you or have you used cannabis for medical or non-medical reasons? If yes, how much, how long?	Y / N (please circle one)
Do you or have you used street drugs/illicit substances? If yes, which ones, how much, and how long?	Y / N (please circle one)
Do you drink alcohol? If yes, how many drinks per day?	Y / N (please circle one)

**At Fraser Medical Clinic we use online communication and messaging systems*

Date: _____

Name (Printed) : _____

Signature: _____