

MEDICAL CENTRE - 156 CURRIE ROAD, DUTTON, ONTARIO NOL 1J0

Tel: 519.762.0943 - Fax: 519.762.0946 Website: www.duttondunwich.on.ca

Please return your completed form PRIOR to your first appointment with Dr. A. Kamar

CONTACT AND PERSONAL INFORMATION:

Last Name:	First Nar	me:		
Date of Birth:	Gender:			Age:
Mailing Address:				
Telephone: Home:	Work:		Cell:	
Email Address (if preferred method of co	mmunication):			
Covered by OHIP? Yes □ No □				
OHIP Number & Version Code:	Ex	cpiratio	on Date:	
Private Drug Plan/Extended Benefits Cor	verage? Ye	es 🗆	No 🗆	
Previous Family Physician:				
Reason for leaving previous Physician:				

PAST AND CURRENT MEDICAL HISTORY:

List all Medical Conditions and Year of Diagnosis:

1.			
2.			
3.			
4.			
5.			
6.			

List all Current Medications:

1.	2.
3.	4.
5.	6.
Preferred Pharmacy:	
<u>Surgical History</u> :	
1.	2.
3.	4.
Known Allergies:	
1.	2.
3.	4.
Are you Immunizations up to date?	Yes 🗆 No 🗆 Unsure 🗆
If you have children, do they follow the	Ontario Immunization Schedule? Yes D No D
Comments:	
FAMILY HISTORY OF ILLNESS:	
Mother:	
Father:	
Siblings:	
Children:	
Signature:	Date:

This form is available in alternate formats, upon request.