Maple Leaf Health Centre - New Patient Information Form

Last Name: _____ First Name: _____ Middle Initial:_____
Address: _____ City:_____
Prov:_____
Postal Code: _____ DOB: (D/M/Y) _____ Gender: _____
Home Phone:_____ Cell #:_____
EMAIL Address: _____
Health Care #: _____ Health Care Province: _____
Drug allergies: _____
EMERGENCY CONTACT: (Name and phone number) _____

As a new patient to the clinic, we are interested in serving all your medical needs and providing you with the best care possible. In order to provide this care, we will need you as a patient to adhere to our clinic policies and guidelines.

1. A physician, who works as part of a multidisciplinary team of allied health professionals, will provide medical services to patients
2. Any prescription for controlled medications can only be issued by your primary care provider during a visit in the clinic.
3. To ensure continual medical treatment, a member of the multidisciplinary team may provide you with appropriate care and follow-up. This may involve and is not exclusive to, care provided by a physician, pharmacist, behavioural health consultant, nurse practitioner, dietician. If you are interested in seeing one of the other healthcare professionals, an appointment can be set up for you.
4. **We require 24 hours' notice to cancel a booked appointment. We reserve the right to charge for no shows according to Alberta Medical Association guidelines.**
5. **Prescription renewals will not be given over the phone, fax or email as this service is not insured by Alberta Health Services. Patients are encouraged to set up an appointment with their physician for prescription renewal. Under current Alberta law, your pharmacist can provide you with 2 weeks of medication, giving you the opportunity to book an appointment.**
6. **Test results will not be provided to you over the phone. In order to ensure timely and appropriate follow up, please book an appointment to see your doctor 2 weeks after completing the requested test.**
7. Patients **must** provide a valid Alberta Health Care Card.
8. Contacting you is very important. Patients are expected to inform the clinic of any changes in their address and phone number as soon as possible.
9. We need to book the correct type of appointment for you, so please indicate the reason for the appointment when booking with the reception staff.
10. If you choose to use our online booking service, please ensure an account has been created under the name of the patient registered, you chose the appropriate appointment type and indicate the reason for the appointment. We encourage you to use the online system as this allows you to book, reschedule and cancel appointments at any time.
11. Same-day acute appointments must be booked with one of our reception staff.
12. **Alberta Health Care does not cover certain services and a fee may be charged for these services according to Alberta Medical Association guidelines. The reception staff will inform the patients of the fees at the time of the visit.**
13. **Abuse of staff, health care providers and other patients will not be tolerated. We promote a professional and respectful environment for you to receive health care. Should you feel that you have not been treated with proper respect by one of our staff members, please request to speak with the manager.**
14. To reach the after-hours physician, please call Health Link on 811.
15. The office staff and/or management can provide a more detailed breakdown of clinic policies, guidelines and uninsured services.

I have read and understood the above policies on seeing the physician, acceptance of new patients, cancellation of appointments, prescription refills and all other statements. By signing this form, I acknowledge my acceptance of these policies.

☐ I give consent to my Doctor to contact me via MyHealth Access to provide medical advice.

☐ I Confirm that Dr. _____ is my primary care provider starting the date below and please remove me from any panel with other family doctors.

Print Name: _____ Date: _____

Signature (Patient or Parent/Guardian for Minors): _____

Patient History Form

Current Medical Problems: _____

Past Medical Problems and Surgeries: _____

Current Medications (Drug name/Dosage/Frequency Taken): _____

Allergies: _____

Family History: _____

Social History:

Marital Status: _____

Occupation: _____

Smoking: # packs a day: _____ # years if smoking: _____

Quit Smoking (Year): _____

Alcohol (# drinks per week): _____

Recreational Drugs: _____

Regular Exercise: Yes No