



MyCare Plus Medical Centre
www.WESNHealth.com

Phone 905-273-4000 Fax 1-888-890-9293
E-mail: MyCarePlus@wesnhealth.com

NEW PATIENT INTAKE FORM – FAMILY PRACTICE

DATE: _____

Name as Appear of HEALTH CARD: _____

Gender: _____ Birthday: _____

Occupation: _____ Marital Status: _____

Health Card Number & Version Code: _____

Address: Street: _____, City: _____,

Province: _____, Postal Code: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Email Address: _____

Children (if applicable) Name & Age:

Emergency Contact Name: _____

Emergency Contact Relationship: _____ Phone: _____

***Please see reverse page**



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PERSONAL MEDICAL HISTORY:

Check any illnesses/conditions YOU have had

- High blood pressure
- High cholesterol
- Kidney disease *specify:* _____
- Thyroid problems *specify:* _____
- Lung disease *specify:* _____
- Blood clot *specify:* _____
- Tuberculosis
- Blood disorder *specify:* _____
- Skin condition *specify:* _____
- Asthma
- Heart condition *specify:* _____
- Arthritis
- Gastrointestinal issues *specify:* _____
- Stroke
- Diabetes
- Hepatitis A/B/C (circle one)
- Osteoporosis
- Cancer *specify:* _____
- Anxiety/Depression

FAMILY MEDICAL HISTORY:

Check any illness/conditions your immediate FAMILY has had

- High blood pressure
- High cholesterol
- Kidney disease *specify:* _____
- Thyroid problems *specify:* _____
- Lung disease *specify:* _____
- Blood clot *specify:* _____
- Tuberculosis
- Blood disorder *specify:* _____
- Skin condition *specify:* _____
- Asthma
- Heart condition *specify:* _____
- Arthritis
- Gastrointestinal issues *specify:* _____
- Stroke
- Diabetes
- Hepatitis A/B/C (circle one)
- Osteoporosis
- Cancer *specify:* _____
- Other: _____

OTHER MEDICAL HISTORY:

SURGICAL HISTORY and/or SURGICAL COMPLICATIONS:

Tobacco use:

- Never
- In the past - quit date: _____
- Presently
 - How much? _____
 - How long? _____

Alcohol use:

- Yes - avg # of drinks per week _____
- No

Other drug use (current or past):

- IV drugs
- other: _____

Exercise: _____

Dietary Restrictions: _____

Private Drug Plan: Yes No

Preventative Health:

List the **most recent** year and location of each as applicable

- Tetanus vaccine _____
- Flu vaccine _____
- Mammogram _____
 - All normal
 - Past abnormal
- Pap smear _____
 - All normal
 - Past abnormal
- PSA _____
- Colon cancer screen
 - Colonoscopy _____
 - Stool kit _____

Additional VACCINATIONS (e.g. Hepatitis A, typhoid, etc.)

CURRENT MEDICATIONS:

**Including over-the-counter medications and vitamins
attach a separate list if needed

ALLERGIES & REACTION:

Financial: Any trouble making ends meet at the end of the month?

Yes No

Please list any active medical concerns you wish to discuss:



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Patient acknowledgment:

- MyCare Plus Medical Centre at WESN Health Group will contact you by email or phone to inform you about:
 - Appointment bookings and reminders
 - Referral bookings
 - General information about our office and clinics
 - Test results
- If you intend to receive our emails, please remember to update your address book with our email Contact@wesnhealth.com to check your junk/spam folder.
- Privacy and using internet & Email:
 - Internet communication is not 100% secure. While we try to protect our patient by using advance - way of patient messaging systems approved by Ministry of Health and compliant with PIPDA for patient privacy protection, we cannot guarantee the security and confidentiality of any email or messages you receive from us. As the message leaves MyCare Plus Medical Centre, it is sent across the internet and it could be intercepted and read.
 - If you use a work email, your employer may have a right to archive and inspect emails sent from their systems. We recommend you avoid using a work email address.
 - MyCare Plus Medical Centre is not responsible for information loss due to technical failures
 - Email should never be used in an emergency. If you have an emergency, you should call 9-1-1 or go to your nearest hospital emergency room or health care provider immediately.
 - I understand the risks associated with using email with MyCare Plus Medical Centre and I accept those risks.
 - RELEASE OF LIABILITY: I agree that MyCare Plus Medical Centre (and their physicians, staff, agents and officers) shall not be responsible for any personal injury including death, and/or privacy breach (outside the control of MyCare Plus Medical Centre) or other damages as a result of my choice to receive emails from the MyCare Plus Medical Centre and I release the MyCare Plus Medical Centre (and their physicians, staff, agents and officers) from any liability relating to communicating with me by email.
- I understand if I no longer wish to receive MyCare Plus Medical Centre emails, I will write to Contact@wesnhealth.com.
- I understand I have the right to have legal advice about signing this form and what it means to me and I have either sought that advice or chosen not to seek such advice.
- I have read and fully understand this consent and release form.
- I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief
- I acknowledge the existence of a waiting list and understand that submitting this request for family practice intake does not ensure immediate acceptance. Physicians accepting new patients will review applications in the order they were received. I will be contacted once I have been accepted, though the exact timing remains uncertain as availability depends on when spots open up.

SIGNATURE OF PATIENT/SUBSTITUTE DECISION-MAKER

Date: _____