

DR. HAMED JAVAN

Family Practitioner – **New Patient Intake Form**

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Patient Information:

Last Name: _____ First Name: _____ Date of Birth: Yr ___ Mo ___ Day ___

Health Care Card #: _____ Gender: _____

Full Address: _____

Home Phone #: _____ Mobile Phone #: _____

E-mail: _____

Emergency Contact Person and Contact #: _____

Medical Reasons: Why are you seeking a new family doctor? _____

Past Medical History: (Please list all medical conditions you diagnosed with)

• _____

Do you have any mental health or psychiatry related concerns?

• _____

• _____

Provide the list of medications taken;

• _____

• _____

Allergies:

• _____

• _____

Specialist Consultation/ Visit/ Previous Medical Surgeries

• _____

• _____

Are you taking any substances and recreational drugs, narcotic meds, ADHD meds and highly restricted medications? (Please state name of the items here)

• _____

Do you have any case such as disability application, WCB, ICBC Case claims? _____

What is the claim numbers? _____

Have you ever smoked? _____ If yes, # of cigarettes/day: _____

Do you drink Alcohol? _____ If yes, average # of drinks/week: _____

I understand the purpose for disclosing my personal health information to the physician and the clinic.

PLEASE READ THIS NOTE: *We will review the information and we will put you on the wait list for the family practice until further notice. Thank you very much.*

Patient Signature: _____