Guisachan Family Medicine – New Patient Intake Form

Welcome to Guisachan Family Medicine. Please take a few minutes to fill out this form before your appointment with your new doctor. This form will help streamline your appointment and reduce the likelihood that important issues are overlooked. All information provided is completely confidential.

General Information

Legal Name:		Address:	
Date of Birth:		Cell Phone:	
Personal Health #		Home Phone:	
Occupation:		Work Phone:	
Preferred Pharmacy:			

Personal / Family Medical History

*For family members, please note their relation to you and the approximate age it was diagnosed

Personal Diagnosis Date	**Family Member** Relation and Age of Diagnosis	**Condition**	**Details (if any)**
☑ *June 2002*	☑ *Cousin, 54*	*Example*	*Details…*
□	□	Heart Problems	
□	□	High Blood Pressure	
□	□	High Cholesterol	
□	□	Stroke	
□	□	Lung Problems	
□	□	Cancer	
□	□	Diabetes	
□	□	Osteoporosis	
□	□	Broken Bones / Fractures	
□	□	Substance Use	
□	□	Allergies: _____	
□	□	Arthritis	
□	□	HIV/AIDS	
□	□	Kidney Problems	
□	□	Repeated infections	
□	□	Thyroid Problems	
□	□	Skin Problems	
□	□	Depression / Anxiety	
□	□	Asthma	
□	□	Epilepsy / Seizures	
□	□	Sleep Issues	
□	□	Other Mental Health	
□	□	Other (please list)	

Surgeries/Hospitalizations

Please list any prior hospitalizations or surgeries with approximate dates

Medications

Please list name, dose, and how often you take each medication

Allergies

Trigger / Allergen	Reaction

Substance Use

Smoking	# of years: _____ / # of cigarettes per day: _____
Alcohol	Drinks per week: _____ / Binge? Y / N / Problematic? Y / N
Cannabis	# of years: _____ / Smoked or Edible / # per week: _____
Other	

Relationships

Relationship Status	
Name of Spouse/Partner	
Emergency Contact	
Children	Please list names, gender, DOB, any serious illnesses
1	
2	
3	
4	

Prior Care Providers

Previous GP	Contact Information
Specialists	**Specialty / Contact Information**

Other

Is there any other information that you would like your doctor and/or staff to know?

Thank you for taking the time to fill out this form. All of this information will ensure that we can provide you with the best care possible, tailored to the needs of you and your family. We look forward to being involved in your ongoing care.

Please bring all of your medications and immunization records with you to your first appointment