

# PATIENT INFORMATION AND REGISTRATION

PATIENT INFORMATION		
<b>Name</b> Lilla Barb Horvath		
<b>Date of birth</b> 2020-11-01	<b>Gender</b> Female	
<b>Address</b> 11234 Main Street Montreal, Northwest Territories V3L3VL Canada		
<b>Health care number</b> 1234564	<b>Province</b> British Columbia	
<b>Home phone</b> 2233445566	<b>Cell phone</b> 2354687951	
<b>Email address</b> lillahorvath#@hotmail.com	<b>Occupation</b> Engineer	
EMERGENCY CONTACT		
<b>Name</b> John Smith	<b>Phone</b> 22334444	<b>Relation to patient</b> Uncle
<b>Do you have extended medical benefits?</b> yes		
<b>Medical benefits provider information</b> Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Neque convallis a cras semper auctor neque vitae tempus. Cursus sit amet dictum sit amet.		
<b>Do you currently have a family doctor?</b> yes		
FAMILY DOCTOR		
<b>Name</b> Bernard Klein		
<b>Clinic name, address &amp; phone</b> Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Neque convallis a cras semper auctor neque vitae tempus. Cursus sit amet dictum sit amet.		
<b>Would you like your consult sent to your family doctor?</b> yes		

## MEDICAL HISTORY

**Are you taking any prescription / non-prescription medication or supplements?** yes

### Medications and supplements

Medication	Dosage
Lorem ipsum dolor sit amet	12 mg

**Do you have ANY adverse reactions or allergies to ANY medications?** yes

### Medications you have adverse reactions or allergies to

- Aspirin       Codeine       Ibuprofen       Morphine  
 Penicillin       Sulfa       Other

### Other allergies or adverse reactions to medications

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**Do you have any non-drug related allergies?** yes

### Non-drug related allergies?

- Hay-fever       Latex       Food       Other

### Other non-drug allergies

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### Do you smoke?

yes

### What & how much per day?

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### Are you pregnant?

yes

### Expected due date?

2020-11-01

### Please list any past surgical procedures

Procedure	Year
Lorem ipsum dolor sit amet	1966
Lorem ipsum dolor sit amet	2010

### Current or past health issues

- Artificial joints       Chronic pain       Fibromyalgia       Hepatitis A B C  
 Asthma       Diabetes       Frequent UTI's       Blood disorder  
 Digestive issues       Gallbladder       High blood pressure       Low blood pressure  
 High Cholesterol       Liver disease       Lung disease       PCOS  
 Pneumonia       Sinus problems       Bronchitis       Emphysema  
 Hearing loss       HIV positive       Mental health       Sleep disorder/s  
 Cancer       Epilepsy       Heart disease       Kidney disease  
 Headaches / Migraines       Stroke       Thyroid condition       Ulcers  
 Other

### Other current or past health issues

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**Patient or guardian signature**

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the left.

**If signing on behalf of the patient, please indicate name and relationship**

Ikjjoi icvjoidci Uncle