Maple Grove Medical Clinic

NEW PATIENT REGISTRATION FORM

Please complete this form prior to your first appointment for review by your physician. This form is designed to streamline your appointment and to ensure that important issues are not overlooked.

Personal Information

Patient Name: _____

Relationship Status: _____

Children: _____

Current Occupation: _____

Previous Family Doctor's Contact Information:

_____

Medical History

Current/Ongoing Medical Conditions *(e.g. high blood pressure, high cholesterol, irritable bowel syndrome, depression, etc.)*:

_____

_____

_____

Previous/Resolved Medical Conditions *(e.g. childhood asthma, eczema, broken wrist, etc.)*:

_____

_____

Surgeries/Procedures or Hospitalizations *(please include the year and details of any time you had surgery, or were admitted to the hospital overnight)*:

_____

_____

Prescription Medications *(include name of medication, dose/strength, and how often you take it, e.g. Lipitor 10mg once per day)*:

_____

_____

Over the Counter and Herbal Products:

_____

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Allergies *(include the trigger and the reaction you get, e.g. penicillin - rash, peanuts - hives)*:

_____

Smoking History: ☐ Current Smoker - Number of cigarettes per day _____ ☐ Previous smoker ☐ Never smoked

Alcohol History: Number of drinks/week: _____

Name and Contact Information of Specialists Involved in Your Care:

_____

_____

Family Medical History

Heart disease, heart attack: ☐ NO ☐ YES
Family Member and Age at Diagnosis: _____

Stroke: ☐ NO ☐ YES
Family Member and Age at Diagnosis: _____

Diabetes: ☐ NO ☐ YES
Family Member and Age at Diagnosis: _____

Thyroid disorder: ☐ NO ☐ YES
Family Member and Age at Diagnosis: _____

Breast, ovarian, colon or prostate cancer ☐ NO ☐ YES
Family Member and Age at Diagnosis: _____

Mental Illness *(e.g. anxiety, depression, bipolar, schizophrenia)*: ☐ NO ☐ YES
Family Member and Age at Diagnosis: _____

Other Relevant Family Medical History:

_____

_____

Please bring all your **medications** and **immunization records** to your first appointment.