



Meet and Greet Questionnaire

Full name: _____
Date of birth: _____
Phone: (H) (____) _____ (C)(____) _____ (W)(____) _____
Email address: _____
Doctor preference: Male _____ Female: _____
Preferred contact number _____ May we leave a message? **Y / N**
Address: _____ Postal code _____
Health card number _____ Version code _____
Expiry: ____ / ____ / _____
Pharmacy: _____
Employment: _____
Job title: _____
Extended health benefit plan? _____ Name: _____

Do you currently have a family physician? **Y / N**

If yes, name and location of practice: _____

If yes, then name of the doctor and reason for switching :

Have you ever been discharged/fired from a family practice? _____

If yes, then please explain _____

Any allergies from medications and what kind of reaction you had _____

Lists of the medications (Including any Vitamins)

Personal Medical History

*Indicate with a check mark if you have/had any of the following medical problems.

Coronary Artery Disease _____	Heart Attack/Bypass/CABG _____
High Blood Pressure _____	High Cholesterol _____
Stroke/TIA _____	Migraine _____
Asthma _____	COPD/Emphysema _____
Diabetes _____	Thyroid _____
Liver Disease_Hep A/B/C, Cirrhosis	Gastrointestinal Disorders _____
Kidney/Bladder infection _____	Osteoporosis _____
Arthritis _____	Chronic Muscle Joint Pain _____

Anemia _____ Clotting/Bleeding Disorder _____
Depression _____ Anxiety _____
Ear problem _____ Ear/Nose/Throat problem _____
Have you ever been diagnosed with Cancer? **Y / N**
Type and Treatment _____

Family history; Please list all family members and illnesses.

If deceased, Indicate at what age and the cause of death

Mother _____
Father _____
Brother _____
Sister _____

Life style:

Do you smoke? _____ How much per day? _____
Age started? _____ #of years _____
Quit? _____ Date: _____
Interested in Quitting? _____
Do you drink Alcohol? _____
If yes, alcohol consumption amount: _____
Do you exercise? _____ Describe: _____

For Women

Number of pregnancies _____ Number of children _____
Age started Menstruation _____ Age of Menopause _____
Uterine disorder _____

For Men

Prostate Disorder _____
Testicular Disorder _____

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