



IDYLWYLD MEDICAL CENTRE

Please print carefully. This will become part of your medical record.

Last Name: _____

First Name: _____ Middle Initial: _____

Date of Birth: Day _____ Month _____ Year _____

Gender: Female Male

Health Card Number: _____ Province: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred Phone Number: _____ Cell Home

Alternate Phone Number: _____ Cell Home Work

Email address: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Family Physician Name: _____ Clinic Name: _____

Preferred Pharmacy: Idylwyld Pharmacy | Different pharmacy: _____

Your Medical Information

Drug Allergies: _____

Non-Drug Allergies: _____

Do you Smoke? No Yes

Please circle all current medical conditions:

Amputation | Anxiety | Arthritis | Asthma | Back Pain | Bipolar | Cancer | COPD | Depression | Diabetes

Drug Abuse | Epilepsy | Hearing Impairment | Headaches | Heart Disease | Hepatitis B | Hepatitis C

High Blood Pressure | HIV | Schizophrenia | Thyroid Disease | Visual Impairment

Current Medications:

Signature: _____ Date: _____

My signature confirms that I have read, understand and will adhere to the policies on the reverse side of this page.

Please read the following clinic policies. These are policies that apply to every Idylwyld Medical Centre patient and will be enforced uniformly.

1. Prescribing of Narcotics and/or Controlled Substances

All patients requesting or agreeing to treatments with narcotics or controlled substance will be responsible for providing a Urine Drug Screen monthly or as requested by the doctor. Further, patients may be required to sign a contract with the doctor regarding the use and prescription of these medications.

No refills will be done by phone or fax. Patients must be seen each time they need a new prescription.

Any patient who does not comply will be given notice and have all future narcotic/controlled medication prescriptions discontinued.

2. Medication Refills

Patients are given limited medication refills as judged appropriate by the doctor due to the need to review a patient's condition and medication effectiveness. Renewal of prescriptions by phone or fax will be done by physician discretion only.

3. Cancellation/No-Show Policy for Doctor's Appointments

We understand that there are times when you need to miss an appointment due to emergencies, work or family obligations.

However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed care. Conversely, the situation may arise when another patient fails to cancel and we are unable to schedule you for a visit due to a seemingly 'full' schedule.

If an appointment is missed without being cancelled in advance, you will be charged a no-show fee according to our published uninsured medical services price list.

This will not be covered by your insurance.

4. Abusive Behaviour towards Staff and Physicians

Management will not tolerate physical or verbal abuse towards our staff and physicians. Abusive behaviour may lead to denial of service.

5. Appointment System

This clinic has a schedule for each physician that includes pre-booked (advance) appointments and openings for same-day appointments. Same-day patients will be given an appointment time on that day, for that day. These openings may fill up quickly. Once the same-day appointments are filled we are full for the day and won't be able to accommodate you on that specific day.