



**PLEASE HELP US TO KEEP ACCURATE AND UP-TO-DATE FILES  
BY COMPLETING THE FOLLOWING INFORMATION  
(PLEASE PRINT CLEARLY)**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

FAMILY NAME

FIRST NAME

INITIALS

HEALTH CARE NUMBER \_\_\_\_\_

**ALTERNATE PHONE NUMBERS/IN CASE OF EMERGENCY CONTACTS:**

|    | NAME  | RELATIONSHIP | PHONE |
|----|-------|--------------|-------|
| 1. | _____ | _____        | _____ |
| 2. | _____ | _____        | _____ |

FAMILY DR: \_\_\_\_\_ REFERRING DR. \_\_\_\_\_

**LIST OF CURRENT MEDICATIONS:**

|    | NAME  | DOSAGE |
|----|-------|--------|
| 1. | _____ | _____  |
| 2. | _____ | _____  |
| 3. | _____ | _____  |
| 4. | _____ | _____  |
| 5. | _____ | _____  |
| 6. | _____ | _____  |
| 7. | _____ | _____  |

(PLEASE USE REVERSE SIDE, IF NECESSARY)

DRUG ALLERGIES: \_\_\_\_\_

*THANK YOU FOR TAKING THE TIME TO COMPLETE THIS INFORMATION!*