Nilab
FAMILY PRACTICE
Compassionate Care for Every Generation

New Patient Application

Patient information and registration

532 Lake Street, Unit 104, St. Catharines, ON L2N 4H4
Tel: 289-362-5395 | Fax: 289-434-6275
info@nilabfamilypractice.ca | nilabfamilypractice.ca

Please complete all applicable fields. A valid Ontario health card must be presented where required. Bring or attach your immunization record and current medication list if available.

1. PATIENT IDENTIFICATION

Legal last name

Legal first name

Middle name

Preferred name (if different)

Date of birth (YYYY/MM/DD)

OHIP / health card number

Version code (two letters)

2. ADDRESS AND CONTACT DETAILS

Street address

P.O. box

City

Province

Postal code

Cell phone

Home phone

Work phone

Email address - one character per box

3. EMERGENCY, COMMUNICATION AND CONTINUITY OF CARE

Emergency contact - name

Phone number

Relationship

Marital status

Power of Attorney (POA) for health care

Preferred language

Translator required? ☐ Yes ☐ No

Who is completing this form?

Previous health care provider

Usual pharmacy

Additional provider, pharmacy or transfer details

Immunizations: Please bring or attach a copy of your immunization record to the application.

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Please provide as much detail as possible

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4. CURRENT HEALTH CONDITIONS

-
-
-
-
-

5. PREVIOUS HEALTH CONDITIONS AND SURGERIES

-
-
-
-
-

6. PRESCRIPTION MEDICATIONS AND DOSAGES

-
-
-
-
-
-
-
-
-
-

7. NON-PRESCRIPTION MEDICATIONS AND DOSAGES

-
-
-
-
-

8. MEDICATION ALLERGIES AND REACTIONS

-
-
-

9. NON-MEDICATION ALLERGIES AND REACTIONS

-
-
-

10. FAMILY HEALTH HISTORY

-
-
-
-
-

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Lifestyle, occupation and acknowledgement

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11. SMOKING HISTORY

Smoking status

- ☐ Current smoker
- ☐ Past smoker
- ☐ Never smoked

Start date

Quit date

12. ALCOHOL HISTORY

Drinking status

- ☐ Non-drinker
- ☐ Rare drinker
- ☐ Regular drinker

Alcohol type

☐ Beer ☐ Wine ☐ Liquor

Number of drinks per week

13. EXERCISE HISTORY

Do you exercise regularly?

☐ Yes ☐ No

Hours per week

Type of exercise

Leisure activities

14A. GAMBLING AND 14B. DRUGS

14A. Gambling ☐ Gambler ☐ Non-gambler

14B. Drugs

	Never used	Past usage	Present usage
Marijuana	☐	☐	☐
Cocaine	☐	☐	☐
Narcotics (e.g., heroin, fentanyl, oxycodone)	☐	☐	☐
Benzodiazepines (e.g., Ativan, Xanax, Valium)	☐	☐	☐
Hallucinogens (e.g., LSD, psilocybin / magic mushrooms)	☐	☐	☐
Other drug	☐	☐	☐

☐ Past intravenous drug use ☐ Present intravenous drug use ☐ Other

15. OCCUPATION AND WORKPLACE FACTORS

Occupation

Hours worked per week

Physical or occupational factors (check all that apply)

☐ Repetition ☐ Heavy lifting ☐ Chemical exposure ☐ Heavy workload

If yes, details:

16. ADDITIONAL INFORMATION

Special considerations or comments

How did you hear about our clinic?

- ☐ Email
- ☐ Facebook
- ☐ Instagram
- ☐ Google / online search
- ☐ Word of mouth
- ☐ Saw the clinic sign
- ☐ Friend / family
- ☐ Other

17. ACKNOWLEDGEMENT

I have read and understand the information above. Missed appointments may be subject to a $25 charge.

Print name | **Patient / representative signature** | **Date (YYYY/MM/DD)**