

The Beaming Light Medical Practice

100-1316 Central Avenue, Prince Albert SK.

Please note: A patient registration form must be completed for each potential patient
Please print clearly and complete all required information

Name As Shown On Health Card:

Last Name: _____

First Name: _____ Middle Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone Numbers (Cell): _____ Work: _____

Home: _____

Email: _____

Messages - Name & Number: _____

Date of Birth: _____ Sex: _____

Health Card Number: _____ Next of Kin/Emergency Contact: _____

Next of Kin Relationship to you _____ Next of Kin contact phone number: _____

Substitute Decision maker : _____

Which Pharmacy do you use? _____

Do you currently have a family doctor in the region (circle an answer)? Yes / No

If you do not have a family doctor where have you been receiving medical care? _____

Who was your last family doctor? _____

Where does he/she practice? _____

When was the last time you saw your family doctor? _____

List all of your medical problems:

List your surgical & mental history:

NAME: _____

Please **list all medications** you take on a regular basis or as a need on a regular basis (Prescription, vitamins, etc)

Are you under the medical care of a specialist(s)?

Specialist's Name(s):

Reason for seeing Specialist(s):

Additional Information:

Marital Status (circle): Single Married Widowed Separated Divorced

Occupations:

Year retired:

Medication Allergies or drug reactions:

Smoking History: Age you started smoking: How many cigarettes per day? Quit date:

Alcohol (circle): Never Occasionally Regularly Quit

Number of drinks per day:

Number of drinks per month:

What kind of alcohol do you drink?

Recreational drugs: What type: (Marijuana, Cocaine, Meth, etc) _____

NAME: _____

Family Medical Information

- If living, their **age** or birth year and **medical problems**.
- If dead, their **age of death** and **cause of death**.
- **LIST any significant FAMILY MEDICAL HISTORY:** *example: heart attack, stroke, high blood pressure, diabetes, cancer, thyroid disorder, mental health, dementia, etc.*

List your paternal grandfather's (your dad's dad) health problems -

List your paternal grandmother's (your dad's mom) health problems-

List your maternal grandfather's (your mom's dad) health problems-

List your maternal grandmother's (your mom's mom) health problems -

List your Father's health problems -

List your Mother's health problems -

List your Brother's health problems -

List your Sister's health problems -

List your Son's health problems -

List your Daughter's health problems -