NEW PATIENT INTAKE FORM

How did you hear about Intrepid Health? _____

Last Name:	**First Name:**	**Preferred Name:**
Date:		
Reason for Visit:		
Health Card Number:	**Version Code:**	
Sex: ○ **Male** ○ **Female** ◉ **Other**		
Date of Birth:		
Home Address:	City:	Postal Code:
Home Phone Number:	**Cell Number:**	
Email Address:		
Emergency Contact Name:	**Emergency Contact Number:**	
Previous family doctor:	**Address of previous Doctor:**	

Medical conditions/surgeries/current specialists	
1.	**6.**
2.	**7.**
3.	**8.**
4.	**9.**
5.	**10.**
Medications (including over the counter drugs, such as vitamins)	
1.	**6.**
2.	**7.**
3.	**8.**
4.	**9.**
5.	**10.**
Allergies (medication and non-medication)	
1.	
2.	
3.	
4.	
5.	

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INTREPID HEALTH GROUP

Appointment Policy

We ask that you limit your visit to 1 to 2 problems per visit. Should you have more medical issues that need to be addressed, please inform our staff when calling for appointments and we will make every effort to provide you with an adequate amount of time. Your physician may request that you schedule additional or follow up visits to address your additional medical concerns.

Multiple family member appointments must be scheduled in advance. Family members, who are present at the time of another member's appointment but are not scheduled; will be required to schedule an appointment at a later date.

Cancellation Policy

If you schedule an appointment, the scheduled time is reserved specifically for you and notice to cancel an appointment must be given 24 hours in advance of the appointment day/time, failure to do so may result in a no show or cancellation fee. We request that you honor your appointment time and if you are going to be running late call to inform us and we will make every effort to accommodate.

Email Communication

Our office often uses email to communicate with patients. This information may be confidential and personal in nature.

Although we are very careful on our end to keep these emails confidential, you should know that email messages in general are not encrypted and may exist indefinitely. We cannot guarantee the security of messages sent outside of the clinic.

The clinic cannot guarantee that your email will be received, read or responded to within any particular period of time. YOU MUST **NOT** COMMUNICATE WITH THE CLINIC VIA EMAIL FOR MEDICAL EMERGENCIES or other time-sensitive matters.

The main advantage of email communication is convenience, particularly when scheduling appointments and receiving timely information regarding your care and test results. Email communication may also be used from time-to-time to inform patients of important announcements from our Medical Centre.

I consent that email may be used to communicate my personal health information and announcements:

◉ Yes

○ No

Signature: _____

PRINT/SAVE