Commercial Drive Medical Clinic

1515 Commercial Dr, Vancouver BC V5L 3Y1
P: 604-255-5922 F: 604-255-5902
commercialdrivemedicalclinic@gmail.com

This questionnaire is to ensure your medical record has all the information needed to provide the best possible care. Please do your best to complete the pertinent areas and bring the completed form back to the clinic. The information given is kept private. Make sure the patient's consent to Access Pharmanet is signed and submitted with the form.

Patient Intake Form

Patient Information:

Surname: _____

First Name: _____

PHN: _____ Date of Birth:_____ Gender:_____

Address: _____

Cell Number: _____ Home Number:_____

Email:_____

Patient Health: (Check all that apply)

Do you smoke? Yes ___ No ___ How many per day? _____ For how long?_____

Do you drink alcohol? Yes ___ No ____ How often? _____

Are you currently pregnant? Yes ____ No ___ If yes, what is your estimate due date:

_____

Are you planning any pregnancy in the future? Yes ___ No ___

List of Current Medications (Prescribed medications, controlled substances, recreational substance use, vitamins, herbs and other supplements):

_____

_____

_____

_____

Please list ALL allergies:

_____

_____

_____

Current Primary Care Provider: _____ None: _____

Current Specialist: Yes ___ No ___ (Please list):

Name: _____ Specialty: _____

Name: _____ Specialty: _____

Name: _____ Specialty: _____

Name: _____ Specialty: _____

Have you had any surgery or major medical operations? Yes ___ No ___

Procedure: _____ Date: _____

Procedure: _____ Date: _____

Procedure: _____ Date: _____

Procedure: _____ Date: _____

Please check all that apply:

No Health Issues

Mental Health (e.g. depression, anxiety)

Thyroid Disease

Chronic Kidney Disease

Asthma

COPD

Diabetes: Type 1 ____ Type 2 ____

Heart Disease

High Blood Pressure

High Cholesterol

Musculoskeletal Conditions (e.g. osteoarthritis, gout)

Gastrointestinal Conditions (e.g. colitis, acid reflux)

Cancer (past or present)

Type: _____ First Diagnosis: _____

Skin Conditions

Congenital Conditions

Other

If other, please list:

_____

_____

_____

Immunizations Received:

	Date
HPV	
Tetanus (TdaP)	
Hepatitis A	
Hepatitis B	
Influenza (Flu)	
Pneumonia (Pneumovax)	
Chicken pox (Varivax)	
Shingles (Zostavax)	
Meningitis	

Please note that by completing and submitting the patient intake form does not automatically make you a patient at this clinic. There are limited openings at this time and only accepted patients will be contacted within a week after an initial meet and greet with a family physician. **DO NOT** transfer your medical records until requested if you are accepted as a patient. The remainder will be on our wait list.

Consent for Pharmanet Access and Previous Health Records

Consent for both Pharmanet and Previous Health Records must be provided.

☐ I give my permission for Commercial Drive Medical Clinic to access my previous health records.

☐ I give my permission for Commercial Drive Medical Clinic to access my Pharmanet. (Pharmanet: A secure computer network linking all BC community pharmacies to a central database that maintains patient medications histories.)

Please note: This is a request for contact only. You are not considered a patient of Commercial Drive Medical Clinic unless you have met with the Physician and attachment has been established. Please do not identify Commercial Drive Medical Clinic as your care provider to any specialists and/or healthcare facilities until attachment is secured.

Patient Signature

Date