

# HELMCKEN COVE FAMILY PRACTICE

108-284 Helmcken Road, Victoria, B.C. V9B 1T2

Phone: (250)-480-7333 Fax: (250)-480-7335

## *General Intake Form*

<b>Patient Legal Name (First, Last, and Middle):</b>	
<b>Preferred Name:</b>	
<b>Date of Birth:</b>	<b>Care Card #:</b>
<b>Sex (as on Care Card):    F / M</b>	<b>Gender:</b>
<b>Preferred Pronoun:</b>	<b>Occupation:</b>
<b>Address:</b>	
<b>Postal Code:</b>	<b>City:</b>
<b>Preferred Pharmacy (this is where your prescriptions will be sent to by default)</b>	<b>Preferred Lab:</b>
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Preferred Phone:</b>	
<b>Emergency Contact &amp; Relationship:</b>	
<b>E-mail address:</b>	

**Please complete the following Medical History with a list or brief summary for each item to allow us to properly update your chart.**

**General:**

**MEDICATIONS**

<b>Medication Name</b>	<b>Dose</b>	<b>Frequency</b>

<b>Do you smoke? How many cigarettes / packs per day?</b>
<b>Do you drink alcohol? How many drinks per week?</b>
<b>Other substance use (including marijuana)? How much and how often?</b>