

HLC PREVENTATIVE MEDICINE SERVICES

No Family Physician Referral Required

- ☐ **GUELPH:** Scottsdale Medical Building
649 Scottsdale Drive., Unit 303
Guelph, ON N1G 4T7
Ph: 519-821-0006 • Fx: 519-822-9565



Visit our website for
more information!
www.hlheartcare.ca

Call us at 519-821-0006 to book your appointment. Please fill out and bring this form.

PATIENT INFORMATION:

Last Name: _____ First Name: _____
DOB: (mm/dd/yyyy) _____
Health Card Number: _____ VC: _____
Address: _____
Street: _____
City: _____ Prov. _____ Postal Code _____
Phone: _____
Email: _____
Gender: ☐ Female ☐ Male ☐ _____
Height: _____ Weight: _____

FAMILY PHYSICIAN: (If applicable)

Name: _____
Address: _____
Street: _____
City: _____ Prov. _____ Postal Code _____
Phone: _____
Fax: _____
Additional copies: _____

Emergency Contact:

Name: _____
Phone: _____

Relationship: _____

Allergies:

Medical History:

Please check any of the conditions that apply to you:

- ☐ Asthma ☐ Diabetes ☐ High Blood Pressure
☐ High Cholesterol
☐ Heart Disease ☐ Stroke ☐ Seizures
☐ Cancer (Please specify type) _____
☐ Allergies (Please specify) _____
☐ Other (Please specify) _____

Lifestyle Information:

Do you smoke? ☐ Yes ☐ No
Do you drink alcohol? ☐ Yes ☐ No
Do you exercise regularly? ☐ Yes ☐ No
Dietary restrictions (if any): _____

Are you pregnant or planning to become pregnant? ☐ Yes ☐ No

Medication List:

Current Concerns & Symptoms:

Consent for Treatment

By signing below, you give your consent for treatment by the medical professionals at this clinic. You understand that your personal health information will be kept confidential and used solely for medical purposes.

Patient Signature: _____

Date: _____