the medical station

centred on care

The Medical Station - Patient Intake Form

Welcome to The Medical Station! Please complete this form prior to your first appointment for review by your physician.

Date: _____

Patient Name: _____

Date of Birth (dd/mm/yy): _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

What is your preferred number? □ Home □ Cell □ Work

Can we leave a message? □ Yes □ No

Email: _____

Would you like to be added to our newsletter and mailing lists? □ Yes □ No

Health Card Number: _____

Expiry Date (dd/mm/yy): _____

Emergency Contact: _____

Phone Number: _____

Relationship to you: _____

Before you meet with the doctor, is there anything else you would like to share with us?

_____

_____

Referred by: _____

How did you hear about us?

□ Website □ Signs □ Walk-in □ Social Media
□ Friend □Organization/group □ Physicians
□ Referral □ Family □ Flyer/poster

Disclaimer: I understand the information provided above is true. This information is confidential to The Medical Station physicians and staff.

Signature: _____ **Date**: _____

a. 545 Wilson Ave., Toronto, ON M3H 0C4 **t.** (416) 633-2345 **e.** info@themedicalstation.com

www.themedicalstation.com