Emery-Keelesdale Nurse Practitioner-Led Clinic: New Patient Intake Form

Full Name:	**Gender:** ☐ Male ☐ Female ☐ I identify as:
Date of Birth:	**OHIP:** ☐ YES ☐ NO
Address:	
Phone:	**Email:**
Preferred Clinic Location: ☐ Main (6-2972 Islington Ave) ☐ Satellite (102-2562 Eglington Ave W)	

EKNPLC is a PRIMARY HEALTH CARE PROVIDER, so in order to be seen by us, you must register with our Nurse Practitioner, and discontinue services with your previous doctor/provider.

1. How did you hear about our clinic?
   ☐ Website (www.eknplc.ca) ☐ Referred by friend ☐ Flyer ☐ Other, please specify:
2. Are you presently under the care of a family doctor? ☐ YES ☐ NO
   Name of Physician: _____

   If yes, why are you changing your Health Care Provider?

   _____
3. Do you visit a walk-in clinic in your area? ☐ YES ☐ NO
   Clinic Name: _____
4. Do you see any specialists? (Ex. cardiologist, neurologist, etc.) ☐ YES ☐ NO
   If yes, please specify: _____
5. Are you taking any prescribed medications for the following? If yes, please provide the name(s).

Diabetes:		☐ YES ☐ NO
Sleep:		☐ YES ☐ NO
Blood Pressure:		☐ YES ☐ NO
Anxiety:		☐ YES ☐ NO
Pain:		☐ YES ☐ NO
Seizures:		☐ YES ☐ NO
Other, please specify:		☐ YES ☐ NO

6. Is there an issue, ongoing illness, and/or urgent care need that you would like addressed on the first visit?

   _____

   _____

Patient Signature:	**Date:**

FOR OFFICE USE ONLY	
Secretary Signature:	**Date:**
Initial Visit Booked For:	
NP:	