



# De dwa da dehs nye>s Aboriginal Health Centre

*We're Taking Care of Each Other Amongst Ourselves.*



## **New Patient Intake Form**

**Please fill out 1 form for each family member**

Name                      D.O.B

Address                      Phone

\_\_\_\_\_ Cell \_\_\_\_\_

Health Card# \_\_\_\_\_

DAHC Site:                       Niagara

Indigenous Identity:     Status                       Non-Status                       Metis                       Inuit

Marital Status:  Single                       Married                       Divorced                       Common Law

Gender:                       Male                       Female                       Non-Binary                       Transgender

Other: \_\_\_\_\_

### **Previous Family Practice Clinician:**

Name: \_\_\_\_\_

Address:                      Phone:

### **Medical History**

(Examples might include surgeries, any hospitalizations, abnormal tests, any special tests, cancers, heart problems, mental health issues, i.e. depression, anxiety)



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### **Current Health Issues (check all that apply)**

- Asthma
- Menstrual Problems
- Respiratory illness
- Diabetes
- Arthritis
- Heart Disease
- High BP
- Mental Health
- Heart Burn (reflux)
- Other (please explain)

### **Current medications**

Please include all medications that you are taking, with dosage and how often. (Please attach a list or bring all medications to your initial visit).

### **Are you taking any of the following medication:**

- Tylenol 1
- Tylenol 2
- Tylenol 3
- Percocet
- Oxycontin
- Hydromorphone
- Oxycodone
- Tramacet
- Tramadol
- Endocet
- Methadone
- Codeine
- Oxycocet

- Other pain medication (please specify below)

**\*\*Please Note: We do have a Strict Controlled Substance Policy in Place \*\***

Any other relevant information you would like the physician to know?

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**You will be contacted once a screening appointment is available, be aware we currently have a waitlist.**