

Tab 1



**LANGLEY
MEDICAL
CLINIC**

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5796 Glover Road #101
Langley V3A4C3
P: +1 (778) 725-0710
F: 7787750070

Langley Medical Clinic – New Patient Intake (Please Print this form to fill)

Email: intakeforms@lmc@gmail.com Website: langleymedicalclinic.ca

Patient Information

- Name: _____
- Date of Birth (YYYY-MM-DD): _____
- PHN: _____ Gender: _____
- Address: _____
- City: _____ Postal Code: _____
- Primary Phone: _____ Alternate: _____
- Email: _____
- Occupation / Grade (if child): _____
- Marital Status: _____ Preferred Language: _____
- Previous Family Doctor: _____
- Specialists currently involved (name/specialty): _____

Emergency Contact

- Name: _____ Relationship: _____
- Phone: _____

Medical History (check all that apply)

- ☐ No chronic medical issues ☐ Asthma/COPD ☐ Heart disease ☐ High BP ☐ High cholesterol ☐ Diabetes (Type I / Type II) ☐ Thyroid disorder ☐ Kidney disease ☐ Liver disease ☐ GI disorders
- ☐ Neurological conditions ☐ Mental health conditions
- ☐ Arthritis/joint disorders ☐ Cancer: Type _____ Year _____
- ☐ Other: _____

Surgical History

- Procedure: _____

Medications:

Preferred Pharmacy:

- Name: _____ Address: _____
- Fax: _____

Allergies (or “NKA”)

Substance & Social History

- Smoking/Tobacco use: ☐ Yes ☐ No
- Alcohol use: ☐ Yes – drinks/week: _____ ☐ No
- Recreational/illicit drug use: ☐ Yes – substance/frequency: _____ ☐ No

Family Medical History

- ☐ None/Unknown
- ☐ Heart disease _____ ☐ High BP _____ ☐ Stroke _____ ☐
- Diabetes _____ ☐ Cancer _____ ☐ Genetic conditions _____ ☐
- Mental health issues _____ ☐ Other: _____

Mental Health

- Currently seeing a mental health professional: ☐ Yes ☐ No
Name/Clinic: _____
- Past diagnosed mental health conditions: _____