

NEW PATIENT INFORMATION FORM



Date: \_\_\_\_\_

**PERSONAL INFORMATION:**

Do you currently have a family Doctor:  No  Yes: \_\_\_\_\_

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ / \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy PH No: \_\_\_\_\_

Sex:  Male  Female Marital Status:  Single  Married  Divorced  Widowed

Date of Birth: DD / MM / YY Age: \_\_\_\_\_

Health Card No.: \_\_\_\_\_ Province: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Past Illness/Operations: \_\_\_\_\_

<i><b>FAMILY HISTORY</b></i>	<i><b>SOCIAL HISTORY</b></i>
Diabetes:	Occupation:
High Blood Pressure:	Children:
Cancer:	Active/Retired:
Heart Disease:	Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No / How Often:
Other:	Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No / How Often:

PHYSICIAN:  DR. CHRISTIE  DR. MORSE  DR. LORINCZ  DR. VAN ROOYEN  
 DR. BOWMAN  DR. MEERHOLZ  DR. SOUMBASIS  DR. TAYLOR  DR. DHOOPER



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HTTP://WWW.CALEOHEALTH.CA

## PHYSICIAN-PATIENT RELATIONSHIP CONSULTATION AGREEMENT

Dr. C. Morse, Dr. M. Christie, Dr. C. Lorincz, Dr. F. Van Rooyen, Dr. Taylor, Dr. S. Dhooper  
Dr. D. Bowman, Dr. E. Soumbasis & Dr. W. Meerholz

Welcome to Caleo Health Family Practice Clinics! Please take a moment to read this information before your appointment. We will be happy to answer any questions you have during your Meet and Greet Appointment.

Our practice at Caleo Health is a full service family practice, seeing patients over their life span. We use a team approach to health care, which means you will encounter physicians and other health professionals within our clinic. Registered nurses may be involved in providing care along with many other health professionals including a pharmacist, psychologist, dietician, nurse educator and kinesiologist. By using this team approach we are able to see patients faster and provide our patients with more thorough care.

Most medical services are funded by the provincial government, and you do not pay out of pocket for routine medical care. However, there are charges for services which are not medically required and are not covered by provincial health insurance. These are called **uninsured** services include but are not limited to, form completion, sick notes, late cancellation/no show fees, medical record, and insurance document requests. Caleo Health follows the Alberta Medical Association fees guidelines for **uninsured** services. We will post a list of services that are not covered by the provincial plan and the costs associated with these services in our examination rooms for your reference. We reserve the right to changes these fees from time to time.

We expect that you will make every effort to attend and be on time for all scheduled appointments at the clinic, and we will make every effort to see you in a timely fashion. Please note, that standard appointment times are 10 minutes (longer appointments are booked for procedures and complete physical exams). Patients that are more than 10 minutes late for their Appointments will need to be re-scheduled, and a rebooking fee may apply. Please note a minimum of 24 hours notice is required to cancel or change an appointment. A No Show or Late Cancellation fee of \$50-\$100 will apply for all appointments missed without the proper notice. This ensures that we can see all our patients as scheduled.

Please be aware that unpaid fees may result in suspension or termination of the Physician-Patient Relationship.

We value the work done by our staff and feel that both our staff and patients deserve a respectful environment. The physicians and management have a zero tolerance for verbal or physical abuse directed towards any staff or patient. Verbal or physical abuse may lead to immediate dismissal from the practice. Should you have questions or concerns please feel free to bring them forward to your physician who can work with you to address them appropriately.

Please be aware that it is Caleo Health's "the Clinic" policy that a clinic/physician-patient relationship may be terminated should the patient demonstrate lude behaviour, destruction of clinic property or any activity that directly or indirectly contravene any portion of the Criminal Code of Canada.

For more information on our clinic policies, please visit our website at: [www.caleohealth.ca](http://www.caleohealth.ca). I hope this information clarifies some of the clinical practice policies and procedures.

*By signing below I hereby declare that I acknowledge and understand the terms and conditions herein, and I have been given the opportunity to address any questions or concerns.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Physician's Signature or Stamp