

# NEW PATIENT QUESTIONNAIRE

Superior Family Health Organization  
470 – 63 N. Algoma Street Thunder Bay, ON P7A 4Z6

Name:		Gender:
Marital status: <input type="radio"/> single <input type="radio"/> married <input type="radio"/> divorced <input type="radio"/> widowed		
Address:		Postal Code:
Phone: (HOME)	(WORK)	(OTHER/CELL)
Health Card #:	Version Code:	Date of Birth:

ARE YOU CURRENTLY REGISTERED WITH HEALTH CARE CONNECT?      YES \_\_\_\_\_      NO \_\_\_\_\_

WHICH PRACTICE ARE YOU REGISTERING FOR:

**\*\*Please note that the information recorded on this form will not be used to discriminate against patients, but it allows us to determine scheduling for intake appointments. Information is optional. \*\***

Current Medical Conditions/History:
Are you being followed by any Physicians/Specialists? If yes, please indicate the doctor and the issue for which they are seeing you:
Medications: Please <u>LIST ALL</u> prescribed, over-the-counter, herbal remedies, inhalers, vitamins and supplements.
-PLEASE TURN OVER-

**Past Medical History/Surgical Procedures:**

**Are there any medical conditions that run in your family: (ie diabetes, high blood pressure, cardiovascular disease)**

Please complete this questionnaire in full so that we can schedule adequate time for an introductory appointment.

We believe in open and honest communication and mutual respect between doctor and patient.

There is a zero tolerance policy for ANY FORM of harassment, intimidation or abuse of any member of our staff or physicians.

The Superior Family Health Organization is a comprehensive primary care practice. We offer regular clinic hours, as well as hospital based care to patients. After hours walk-in clinics are available Monday – Thursday evenings from 5pm-8pm, as well as Friday afternoons 1pm-4pm. This walk-in clinic is open to patients of the Superior FHO only.

Superior Family Health engages in the education and training of future clinicians. Medical learners may be involved in your care at times. We are very grateful to our patients who participate in this, although there is no obligation to do so.

Illicit selling, buying, or misuse of prescription medications is not acceptable, and may be signs of substance use disorder. Patients who demonstrate these behaviours may require an addictions assessment and their prescriptions may be modified accordingly. Under certain circumstances, the physician may choose to discharge the patient from their practice.

Patients not appearing for appointments will be charged a No Show Fee in fairness to those waiting for care.

We ask that you provide as much notice as possible if you are not able to attend your appointment.  
24 hours is preferred.

By signing this form you agree to the conditions on the practice as outlined above.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date