

New Patient Intake Form

Live Blood Analysis

Please fill out the following:

First Name: _____

Last Name: _____

Address: _____

City: _____

Postal Code: _____

Phone #: _____

Email: _____

Occupation: _____

Age: _____

Male ____ Female ____

Let me learn a little about yourself with the following questions:

What is your blood type? Please circle. A B AB O Unknown

Have you been diagnosed with any contagious diseases? Please list details: _____

Do you have any allergies or sensitivities? _____

List sports, hobbies, activities you participate in and how often you do it (daily, weekly, monthly): _____

Any previous operations, accidents and or illnesses. Also include dates and details on these occurrences: _____

What are you seeking treatment for? Present condition(s): _____

Are you taking any medications, vitamins, and/or supplements? Please list: _____

Any other relevant information you would like to share: _____

How did you hear about Tri-City Wellness Centre and/or Georgina Hanchar? _____

Statement of Acknowledgement

Each patient seeking care from this office should understand that the Live Blood Analyst specializes in Live Blood Analysis and is not a Medical Doctor. If standard medical diagnosis or treatment is required, it must be obtained from a licensed medical doctor.

Patient Consent Form

Privacy of your personal information is an important part of our clinic, while providing you with quality care. We understand the importance of protecting your personal information. This clinic will collect, use and disclose information about you for the following purposes: to assess your health concerns, to advise you of treatment options, to establish and maintain contact with you, to send you a newsletter and other information mailings, and to remind you of upcoming appointments.

I have read and understood the above consent for myself and/or my child.

Signature: _____

Date: _____