NORTH PEACE
Primary Care Clinic

North Peace Primary Care Clinic
10011 96 Street
Fort St. John, BC V1J 3P3
Phone: 250-262-0016
Fax: 250-785-5052

NEW PATIENT INFORMATION FORM – Return by fax, email to info@nppcc.ca or drop off to clinic receptionist.

FULL NAME_____ BIRTHDAY YYYY/MM/DD____/____/____ AGE_____ SEX MALE____ FEMALE____

MAILING ADDRESS_____ CITY_____ POSTAL CODE_____

HOME PHONE_____ CELL PHONE_____ EMAIL _____

PREFERRED NUMBER_____ PREFERRED PHARMACY_____ CARE CARD/MSP#_____

EMERGENCY CONTACT FULL NAME_____ PHONE_____ RELATIONSHIP_____

SMOKER OR USE TOBACCO? YES____ NEVER____ I QUIT____ IF YES, # OF PACKS PER DAY_____ HOW MANY YEARS SMOKED_____

CANNABIS USE? IF YES, HOW OFTEN_____ NO____ PREFER NOT TO SAY____ DRINK ALCOHOL? YES___ NO___ # OF DRINKS PER WEEK____

ALLERGIES (INCLUDE MEDICINES, POLLENS, ANIMALS, FOODS AND CHEMICALS) _____

MEDICAL HISTORY HAVE YOU HAD ANY OF THE FOLLOWING? (CIRCLE)

ANEMIA	ECZEMA	CHEST PAIN
HAYFEVER	HEART DISEASE	STOMACH ULCER
HIV/AIDS	DIABETES	GALLBLADDER PROBLEMS
BLOOD CLOTS	MUMPS	KIDNEY STONES
POLIO	HIVES	THYROID PROBLEMS
STROKE	COLITIS	EATING DISORDER
EPILEPSY	MEASLES	HIGH BLOOD PRESSURE
CHRONIC PAIN	CANCER	MENTAL HEALTH ILLNESS
COPD/ASTHMA	DEPRESSION	BLEEDING TENDENCIES
HEPATITIS	ANXIETY	PROSTATE PROBLEMS
LIVER DISEASE	PNEUMONIA	GYNECOLOGICAL ISSUES
HEART ATTACK	TUBERCULOSIS	ALCOHOL/DRUG ABUSE
ARTHRITIS	ANGINA	BLADDER ISSUES
HEADACHES	MIGRAINES	BOWEL ISSUES

SURGERIES (YEAR & TYPE)_____

HOSPITALIZATIONS (YEAR & REASON)_____

INJURIES/ACCIDENTS (YEAR & CAUSE)_____

ADDITIONAL INFO_____

FAMILY HISTORY BLOOD RELATIVES ONLY

RELATIONSHIP TO YOU	ILLNESS/DISEASE

WOMEN ONLY BIRTH HISTORY

OF PREGNANCIES_____ # OF DELIVERIES_____

OF MISCARRIAGES_____

CURRENTLY PREGNANT? _____

MEDICATIONS: (LIST ALL PRESCRIPTIONS & OVER THE COUNTER MEDICINES, VITAMINS, ECT)_____

PATIENT SIGNATURE_____ **DATE**_____

BRITISH COLUMBIA | Ministry of Health

MEDICAL PRACTICE
ACCESS TO PHARMANET AGREEMENT

PHARMANET

Patient Consent to Access PharmaNet

North Peace Primary Care Clinic

The province of British Columbia has established the provincial computerized pharmacy network and database known as "PharmaNet" pursuant to section 37 of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, R.S.B.C 1996, c. 363, and which may be continued pursuant to section 13 of the *Pharmacy Operations and Drugs Scheduling Act* , S.B.C., 2003, c. 77 should it be proclaimed in force during the term of this Agreement.

I, _____, authorize

Jessalyn Moskalyk	Wea'am Abbas	Adebayo Oyedeji	Ehiaghe Onohinosen Emokpaire
Valerie Weber	Chijioke Nwankwo	Lida Fereydouni	Ademola Aremu

and persons directly supervised by him/her to access my personal health information contained within PharmaNet for the purpose of providing therapeutic treatment or care to me, or for the purpose of monitoring drug use by me.

I understand that withdrawal of this consent must be in writing and delivered to the above-named practitioner.

Executed at Fort St. John , this _____ day of _____, _____.

SIGNED AND DELIVERED by

_____

Patient(print)

in the presence of:

_____

Witness (signature)

_____

Witness (print)

_____

Date

X_____

Patient (signature)