Meditrine Naturopathic Medical Clinic • #104 - 5171 221A St. Langley, BC Canada V2Y 0A2 • (604) 534-5756

PERSONAL HISTORY

(Confidential: All information in this form remains confidential and will be released only on your written permission)

FULL NAME_____ BIRTHDATE_____/_____/____AGE_____ (M / D / Y)

NAME YOU PREFER TO BE CALLED_____ SEX_____ MARITAL STATUS S M D W

ADDRESS_____ CITY_____ POSTAL CODE _____

OCCUPATION_____ EMPLOYER_____

WORK PHONE_____ HOME PHONE_____ CELL PHONE_____

FAMILY PHYSICIAN_____EMAIL ADDRESS_____

WHO REFERRED YOU TO THIS OFFICE?_____

HEALTH PROBLEMS: LIST YOUR MAIN HEALTH CONCERNS/SYMPTOMS

1)_____ WHAT TREATMENTS HAVE BEEN TRIED? _____

2)_____ _____

3)_____ _____

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

ANEMIA	RHEUMATIC FEVER	HEART ATTACK	SURGERIES (YEAR&TYPE)_____
HEPATITIS/LIVER DISEASE	KIDNEY STONES	HIGH BLODD PRESSURE	_____
HAYFEVER	ASTHMA	PNEUMONIA	_____
TUBERCULOSIS	CANCER OF_____	BLADDER/VAGINAL INFEC.	_____
STOMACH ULCERS	MIGRAINE HEADACHES	ABNORMAL PAP TEST	HOSPITALIZATIONS (YEAR & REASON)__
MEASLES	MUMPS	PROSTATE PROBLEMS	_____
COLITIS	ARTHRITIS/RHEUMATISM	BLEEDING TENDENCIES	_____
BLOOD CLOTS	HIVES	MONONUCLEOSIS	_____
GALLBLADDER PROBLEMS	THYROID PROBLEMS	SEXUALLY TRANSMITTED DISEASE	INJURIES/ACCIDENTS (YEAR & CAUSE)__
ANGINA/CHEST PAIN	HEART DISEASE		_____
POLIO	DIABETES	ECZEMA	_____
STROKE	ALCOHOL/DRUG ABUSE	DEPRESSION	OTHER CONDITIONS_____
EPILEPSY	MENTAL DISORDER	EATING DISORDER	_____
SMOKER? (Y OR N)			

FAMILY HISTORY: INCLUDING BLOOD RELATIVES ONLY

FATHER (age)* _____ BROTHERS (ages)* _____

MOTHER (age)* _____ SISTERS (ages)* _____

*If deceased, Please list age of death and circle.

HAVE ANY OF THE ABOVE HAD THE FOLLOWING? (Circle)

DIABETES	KIDNEY DISEASE	STOMACH ULCERS
HEART DISEASE	ASTHMA	HIGH BLOOD PRESSURE
ALLERGIES	ARTHRITIS	NERVOUS BREAKDOWN
GOUT	COLITIS	BLEEDING TENDENCIES
ALCOHOLISM	TUBERCULOSIS	PSYCHIATRIC ILLNESS
CANCER	STROKE	GALLBLADDER PROBLEMS

WOMEN ONLY – CHILDBIRTH HISTORY

NUMBER OF CHILDREN_____ AGES_____

NUMBER OF PREGNANCIES_____ DELIVERIES_____

MISCHARRIAGES___ ACCIDENTAL___ INDUCED_____

COMPLICATIONS_____

BIRTHCONTROL METHODS: IN PAST _____

NOW_____

ARE YOU PREGNANT AT THIS TIME? _____

KNOWN ALLERGIES (including medicines, pollens, animals, foods & Chemicals):_____

_____

_____

CURRENT MEDICATIONS (list all prescription & over the counter medicines, vitamins, minerals, herbs that you take):_____

_____

MEDITRINE NATUROPATHIC MEDICAL CLINIC

The doctors and staff at our clinic welcome you!

Meditrine Naturopathic Medical Clinic fees are as follows for all doctors:

First Office Visit (30-45 mins.)	$ 100.00
Return Office Visit (15-30 mins)	$ 70.00
Brief Office Visit (10-15 mins.)	$ 42.00
Extended Office Visit (45-60 mins.)	$ 130.00
Physical & Pap (30-45 mins.)	$ 103.00
Food Allergy Test	$ 105.00
Food Allergy Retest	$ 45.00
Blood Typing	$ 15.00

We accept VISA, Mastercard, Debit and Cash. We do not accept cheques.

There's a **full charge fee** for missed doctor visits or for those rescheduled/cancelled with less than 24 hours notice & an additional fee of $40 for any missed allergy test/retest. Please remember, with less than 24 hours notice, it's difficult for others to come and fill your vacant appointment time.

Fees for office visits, laboratory services and medicine items are due at the time of service.

Most extended medical plans provide coverage for visits, lab and food allergy tests. Please save your receipts for this extended coverage, as we will not be able to issue another receipt. A $10.00 charge will apply for extended reports.

Custom made or special order medicines are to be paid for before they are ordered or made. There are also no rebates on quantity of medicine items ordered.

Any natural hormone alternatives, that you may be prescribed, are refillable only under doctor authorization; otherwise a follow-up visit is required. This is a mandatory clinic policy.

Please be aware that at times prices for medicines may decrease, increase or stay the same. This reflects exact current pricing that we are charged by our suppliers and US exchange rates.

I have read the above and agree to comply with the terms stated above.

Signature_____ Date_____

Enjoy Your Visit!
The Meditrine Team