Fraser Street Medical

Reset Form

New Patient Registration From

Please complete this form in its entirety before your visit or submit it prior to coming into the office.

Identification		
Last Name:	First Name:	Middle:
Date of Birth (mm/dd/yyyy):	Sex: ☐Male ☐Female ☐Other	Preferred Pronouns:
Care Card Number:		

Address & Phone	
Address:	
City:	Postal Code:
Phone 1*:	Type: ☐ cell ☐ home ☐ work
Phone 2*:	Type: ☐ cell ☐ home ☐ work
Email:	

*By completing, I consent to being contacted by text/SMS by the clinic staff and physicians

Pharmacy information	
Name:	
Address:	
Phone:	Fax:

Patient-Physician Agreement: No-Show, Late Arrival, and Consent for AI Scribe Usage & Communication

To ensure efficient and high-quality care, Fraser Street Medical enforces the following policies. We encourage you to visit our website for more information, including our posted Patient Behavior Etiquette Policy.

Patient Responsibilities:

1. **Cancellations:** Notify us at least 24 hours in advance by emailing appointments@fraserstreetmedical.com or calling 604-322-3366.
2. **Punctuality:** Arrive at least 5 minutes early for your appointment.
3. **Updated Information:** Keep your email and cell phone number up to date.
4. **Habitual No-Shows and Tardiness:** May require a policy review with your physician.

No-Show and Late Arrival Fees:

- **No-Show Fee:** A $35 fee applies for missed appointments without prior cancellation and must be paid before rebooking.
- **Late Arrivals:** If you arrive late and the physician has moved on, you may need to wait for the next available slot or reschedule. If same-day accommodation isn't possible, a missed appointment fee may apply at the physician's discretion.

Consent for AI Scribe Usage & Communication via Email and Text Messaging:

By signing below, you consent to the use of AI scribe technology during consultations to assist with documentation. This tool enhances efficiency and accuracy while maintaining privacy and confidentiality in accordance with Canadian privacy legislation (PIPEDA).

Additionally, you consent to receiving communication via email and text messaging for appointment reminders, clinic updates, and relevant medical information. Fraser Street Medical adheres to strict privacy policies to protect your information, but electronic communication carries some risk. You may opt out at any time.

Patient Name:	Patient Signature:	Date (mm/dd/yyyy):

Review of Systems

Height: cm / in	Weight: kg / lb	Waist circumference: cm / in

In the past 2 months, have you experienced any issues related to the following?

Yes	No	System	If yes, please provide details:
☐	☐	Skin	
☐	☐	Head, Eyes, Ears, Nose, Throat	
☐	☐	Lungs	
☐	☐	Breast	
☐	☐	Heart	
☐	☐	Stomach, Intestines	
☐	☐	Bladder, Kidney	
☐	☐	Muscles, Bones	
☐	☐	Nerve System	
☐	☐	Mood or Psychiatric Illness	

Medication

List any medications you currently take on a daily basis including dosage and frequency[+]

Medication Name	Dose	How often do you take it? (i.e. once a day/twice a day)

[+]By completing, I consent to being contacted by text/SMS by the clinic staff and physicians

Allergies

List all drug allergies or serious food allergies and the reaction they cause:

Reproductive (woman only)

How many pregnancies or miscarriages: ☐Not applicable

Date of last pap smear (mm/yyyy):	Date of last mammogram (mm/yyyy):

Past Surgical

List any surgical procedure you have ever had:

Procedure:	Date (mm/yyyy):

Health Maintenance

Colonoscopy	☐yes	☐no	year:
Bone Density	☐yes	☐no	year:

Social History

Marital Status ☐single ☐married ☐common-law ☐divorced ☐widowed

Sleep – any issues getting to sleep or staying asleep? ☐Not applicable

Tobacco ☐Not applicable how much per day?

Drug use ☐Not applicable list agents & any issues:

Exercise ☐Not applicable list activities & frequency: