|  |
| --- |
|  |

# Basic Information Form Date of first appointment: Please select date

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Click here to enter text. | Enter text | Enter text |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: | Click here to enter text. | Enter text |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Click here to enter text. | Text | Enter text |
|  | City | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: | Click here to enter text. | Alternate Phone: | Click here to enter text. |

|  |  |
| --- | --- |
| Email | Click here to enter text. |

Preferred Means of Contact:  Home Phone  Alternate Phone  Email

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date (DD/MM/YYYY): | Enter a date. | Marital Status: | Enter text. |

Gender:  Male  Female  Other Partner’s Name: \_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Children’s Names and ages: | Click here to enter text. |

## Family Physician Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Click here to enter text. |  | |  |
| Address: | Click here to enter text. | |  |  |
| Phone: | Click here to enter text. | |

## Emergency Contact Information

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you – perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Click here to enter text. | Enter text | Enter text |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: | Click here to enter text. |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number: | Click here to enter text. | Relationship: | Click here to enter text. |