

Thompson

Walk-In & Medical Clinic

1010 Kennedy Circle, Unit 1D

Milton, ON, L9T 0J9

www.THOMPSONMEDICALCLINIC.CA

Phone: (905) 864-8787

Fax: (905) 864-1522

Email: thompsonmedicalclinic@gmail.com

PERSONAL INFORMATION:

Last Name: _____

First Name: _____

Middle Name: _____

DOB(mm/dd/yy) _____

Gender: Male _____ Female: _____

Health Card No: _____ Version Code: _____ Expiry(mm/dd/yy) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Previous Family Doctor: _____ Phone: _____

MEDICAL INFORMATION:

Allergies: Please list any known allergies and drug hypersensitivities

Current Medications:

Medical History:

Smoker: Yes _____ No _____ If yes, duration and quantity? _____

EMERGENCY CONTACT INFORMATION:

First Name: _____ Last Name: _____

Contact No: _____ Relation: _____