



272 Oxford Street West, London Ontario.
N6H 1S9
Phone: Serenity Pharmacy: 548-866-0248

Application form

Thank you for considering joining our practice. Please complete the following medical history form to the best of your ability. If you are uncertain of a date, the approximate year would be helpful. If it does not apply to you, please cross it out or write "N/A".

YOU CAN CONTINUE ON THE BACK FOR THE FORM IF YOU HAVE MORE INFORMATION

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Health Card #/Version Code: _____

Next of Kin (Name, relationship to you, address and contact details): _____

Past Medical History (Diagnosis and year of diagnosis):

Have you been admitted to hospital in the last 3 months? Yes / No _____

Previous Family doctor and why did you leave? _____

Allergies: _____

Medication List (Name, dose, frequency & duration): _____

Over the counter medications/vitamins:

Last complete physical (month & year): _____ Last blood work (month & year): _____

Last Pap/HPV test (Females every 3 years from 25 to 70): _____

Mammogram (Females 50-69 years of age): _____

FIT/ Colon Cancer Screening (every 2 years 50-74 years of age): _____

Colonoscopy: _____

Immunization/Vaccination History (please list or attach a copy of your vaccination records):

Family History (medical diagnosis in your family—their relationship to you and age at time of diagnosis): _____

Home Circumstance (who lives at home with you; family/friend support): _____

Occupation (if retired, job before retirement): _____

Smoking status: _____

Alcohol use (how many drinks per week): _____ Do you drive? (please circle): Yes/ No

Please use the space below if you feel there is any additional information that we should be aware of to provide you with the best care possible.

