

**Dr Maria Eskandar
512 Coronation BLVD
Cambridge
Ontario**

Phone : 519-740-5060 Fax: 519-740-0035

New Patient Form

Please complete for each member of your family over 16 years:

Last Name: _____ First Name: _____
Sex: _____ (M) _____ (F)

Address: _____

Postal Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Date of Birth: _____ day _____ month _____ year
Age: _____
Healthcard: _____ Version Code: _____

Do you currently have a family doctor: _____
If yes, please explain your request to enter this
practice: _____

Please list children under 16 :

Name	Date of Birth	Healthcard Number	Version code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide a family history by checking off all conditions that apply

Cancer (type) Heart Disease Hypertension Diabetes Depression

Mother: _____
Father: _____

Please list all your current medical conditions:

Please list all past medical conditions:

Please list all current medications and doses:

Please list your allergies:

Please list recent immunizations received and dates (If possible)

If you are a female, 16 years or older, when was your last PAP?

If you are a female, 50 years or older, when was your last mammogram?
