



# Borland Medi-Clinic

Walk-in and Wellness

## Registration Form

Name:	<b>Peter Pan</b>	PHN:	<b>123456789</b>
DOB:	<b>24/02/2018</b>	Family Doctor:	<b>Dr Schreve  </b>
E-Mail:	peterpan@neverneverland.com	Preferred Contact:	<b>Cell</b>
Work:		Cell:	250-252-1111
Home:		Occupation:	Fantasy
Preferred Pharmacy:	<b>Safeway</b>	Address:	452 Borland Street Williams Lake BC V2G1R7 Canada

### Allergies:

Nil
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### Medication List:

Nil
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### Past Medical History:

Hypertension	yes	Kidney Stones	no	Psoriasis	no
Heart Attack	no	Kidney Failure	no	Eczema	no
Heart Failure	no	Kidney Disease	no	Leg/Foot Ulcers	no
Atrial Fibrillation	yes	Recurrent Bladder infections	no	Other:	no
Heart Valve Disease	yes	Bladder Cancer	no		
High Cholesterol	no	Prostate Cancer	no	Osteoarthritis	no
Blood clots in lungs or legs	no	Enlarged Prostate (BPH)	no	Rheumatoid Arthritis	no
Poor Circulation in legs	no	Other:	no	SLE (lupus)	no
Other:	no			Gout	no
		Diabetes	no	Osteoporosis	no
Asthma	no	Thyroid Disease	no	Chronic/recurrent back pain	no
COPD/Emphysema	yes	Other:	no	Chronic/recurrent neck pain	no
Recurrent lung infections	no			Fibromyalgia	no
OSA	no	Seizures/Epilepsy	no	Other:	no

Lung Cancer	no	Stroke/CVA/TIA	no		
Other:	no	Brain Injury	no	Endometriosis	no
		Neuropathy	no	Uterine Fibroids	no
GERD/ reflux	no	Migraines	no	Heavy/ Painful Menstruation	no
Stomach Ulcers	no	Chronic Headaches	no	Menopause	no
Crohn's Disease	no	Parkinson's	no	Ovarian Cysts	no
Celiac Disease	no / no	Multiple Sclerosis	no	Infertility	no
Diverticulosis	no	Other:	no	STD	no
IBS	no				
Colon Cancer	no	Glaucoma	no	Gravidity:	
Hepatitis C	no	Cataracts	no	Parity:	
Liver Cirrhosis	no	Other:	no	Miscarriages:	
Colitis	no			Abortions:	
Gallstones	no	Anemia	no		
Pancreatitis	no	Leukemia	no	Depression	no
Liver Disease	yes	Lymphoma	no	OCD / Anxiety	no / no
Other	no	HIV/AIDS	no	Bipolar Mood Disorder	no
		Thrombocytopenia	no	Borderline PD	no
Hearing Difficulties		Hemochromatosis	no	Schizophrenia	no
Vertigo		Bone Marrow Problems	no	Nervous Break Down	no
Recurrent ear infections		Other	no	Other	no

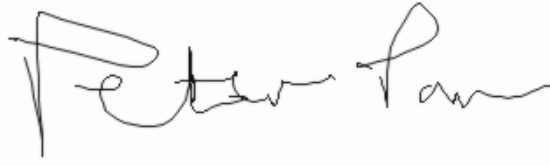
## Other Medical Problems:

<b>Cardiovascular:</b>			<b>Respiratory:</b>	
<b>GI:</b>			<b>Urology:</b>	
<b>Endocrine:</b>			<b>Neurology:</b>	
<b>Ophthalmology:</b>			<b>Hematology:</b>	
<b>ENT:</b>			<b>Dermatology:</b>	
<b>Joints and Rheumatology:</b>			<b>Gynecology:</b>	
<b>Mental Health:</b>				

## Surgical History:

Appendix removed
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I, **Peter Pan** , authorize all the physicians of the Borland Medi-Clinic and the persons directly supervised by them to access my personal health information contained within PharmaNet for the purpose of providing therapeutic treatment or care to me, or for the purpose of monitoring drug use by me. I understand that withdrawal of consent must be in writing and delivered to the physicians of the Borland Medi-Clinic.

A handwritten signature in black ink that reads "Peter Pan". The signature is written in a cursive style with a large initial 'P' and a long horizontal stroke at the end.