



SUPERMED

URGENT CARE &
FAMILY PRACTICE CLINIC

Dr. René de Wet Medicine Professional Corporation

New Patient Medical History

Name:

Date:

In order to expedite your first visit, we request you to complete the following form as accurately as possible.

Please bring the following along:

- ALL medications
- Immunization record (if available)
- Any medical records you may have

Family History (ALL Blood relatives only, do not include step family). Use the blank spaces to list other family/conditions.

	Number of siblings	Alive (A)/Deceased (D)	Heart attack	Diabetes	Stroke	Cancer	Cancer prostate	Cancer breast	Cancer ovary	Cancer colon	Polyps colon	Dementia						
Father																		
Mother																		
Brothers																		
Sisters																		

Past surgeries and past medical conditions. Use the blank spaces to list other surgeries.

Hysterectomy		Heart stents																
Removal of ovaries																		
Gallbladder removed																		
Hip replacements																		
Knee replacements																		
Colonoscopy																		
Prostate removal																		
Heart bypass																		



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Current medical conditions (Have you ever been told you have....). Use the blank spaces to list other conditions.						
High blood pressure						
High cholestrol						
Diabetes						
Aneurysm						
Chronic severe pain						

Habits		
Smoking	Alcohol	Drugs
Age started:	What: Wine / Beer / Liquor	Marijuana: Y / N
Age finally stopped:	How many per week?:	Cocaine: Y / N
How much do/did you smoke per day		Narcotics: Y / N
		Other

Allergies

Specialists seen – Please record year of last visit and the name of the MD	Hospital attended- as inpatient, or outpatient, or for a test like a CAT scan
Gynecologist:	Neurologist
Surgeon:	Internist
Ear, nose & throat:	Dermatologist
Eye MD	Welland General Hospital (WGH)
Orthopedic surgeon	St Catharines General Hospital (SCGH)