breast rehab

health history form - yearly update

Patient Name

.....

OHIP # **Date of Birth**

..... (DD/MM/YYYY)

Since your last visit to the clinic, have you changed any contact information? O yes O no

If yes, please provide new details

Telephone

[H] [W] [C]

Address Email address

.....

.....

.....

Emergency Contact Name **Emergency Contact Number**

.....

Do you have any extended health coverage? ◯ yes ◉ no

If yes, please specify .....

.....

Have there been any changes to your health? ◯ yes ◉ no

If yes, please specify .....

.....

Have you developed or discovered any new allergies? ◯ yes ◉ no

If yes, please specify .....

.....

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Have you had any surgeries? ○ yes ◉ no

If yes, please specify .....

.....

Have you been hospitalized? ○ yes ○ no

If yes, please specify .....

.....

Do you currently have, or have you recently had, any infections? ○ yes ○ no

If yes, please specify .....

.....

Are you currently on any medications? ○ yes ○ no

If yes, please specify .....

.....

....

Signature Date [DD/MM/YYYY]