

Waterloo Region Nurse Practitioner Led Clinic
 13 Water Street North, Cambridge
 123 Pioneer Drive Unit 101, Kitchener
 Phone: 519-772-2322
 Fax: 519-772-2323
 Email: officeadmin@wrnplc.ca

Adult Intake Form

Preferred Location:

- Cambridge
- Kitchener

First Name: _____ **Last Name:** _____ **Gender:** _____

Address: _____

Phone number: _____ **Email:** _____

Date of Birth: _____

Do you have a valid Ontario Health Card? Yes ____ **No** ____

Health Card Number and expiry date _____

Do you currently have a family physician?: _____

If not, where have you been getting health care?: _____

Emergency Contact (include name, phone number and relationship): _____

Allergies or Intolerances (Please include type of reaction and onset age):

Medical History

Condition	Yes	No
Alcohol/ Drug Use		
Anemia		
Asthma		
Bleeding Problems		
Mental Health Concerns		
Cancer: _____		
Heart Problems		
COPD		

Condition	Yes	No
Diabetes		
Broken Bones		
Hepatitis: _____		
High Blood Pressure		
Migraines/ Headaches		
Stroke		
Thyroid Disease		
Positive TB skin test		

Waterloo Region Nurse Practitioner Led Clinic
 13 Water Street North, Cambridge
 123 Pioneer Drive Unit 101, Kitchener
 Phone: 519-772-2322
 Fax: 519-772-2323
 Email: officeadmin@wrnplc.ca

Please list any confirmed medical or mental health diagnosis that you have been given by a health care professional.

- 1.
- 2.
- 3.
- 4.

Do you have any new problems or health concerns that have not been addressed? (Please keep in mind that urgent problems cannot be addressed at the intake session and you should either go to a walk in clinic or emergency if it is urgent)

1. _____
2. _____
3. _____
4. _____

SURGERIES

SURGERY and Location	Date of Surgery	Surgeon

ACCIDENTS/INJURIES

Accident/Injury	Date	Intervention

SCREENING

	Pap Smear	Fecal Occult Blood Test	Colonoscopy	Mammogram	Bone Density
Date					
Reason if applicable					
Result					
Location and who performed it					

Waterloo Region Nurse Practitioner Led Clinic
 13 Water Street North, Cambridge
 123 Pioneer Drive Unit 101, Kitchener
 Phone: 519-772-2322
 Fax: 519-772-2323
 Email: officeadmin@wrnplc.ca

MEDICATIONSIf you are on more than 3 medications, please contact your pharmacist and have them fax us a “Medication Check”. BRING ALL MEDICATIONS TO FIRST APPOINTMENT**

Medication	Dose	How often	Date Prescribed

HERBALS VITAMINS and OVER THE COUNTER MEDICATIONS

Name	Dose	How often	For what condition

Immunizations (please bring your immunization records to your appointment)

When was your last tetanus shot? _____

Do you get the yearly flu shot? **Yes** **No**

Do you have your records with you? **Yes** **No**

Have you had the pneumonia shot? **Yes** **No** when? _____

Have you had the shingles shot? **Yes** **No** when? _____

Waterloo Region Nurse Practitioner Led Clinic
 13 Water Street North, Cambridge
 123 Pioneer Drive Unit 101, Kitchener
 Phone: 519-772-2322
 Fax: 519-772-2323
 Email: officeadmin@wrnplc.ca

Family History

Please indicate with a check (✓) family members who have had any of the following conditions:

Medical Condition	Mom	Dad	Sister	Brother	Mom's Mom	Mom's Dad	Dad's Mom	Dad's Dad
High Blood Pressure								
High Cholesterol								
Heart Attack								
Diabetes								
Stroke								
Bipolar Illness								
Schizophrenia								
Dementia								
Alcoholism								
Depression								
Breast Cancer								
Ovarian Cancer								
Colon cancer								
Prostate Cancer (men only)								
Other: (Please define)								

Has a family member(s) you indicated above passed away as a result of an illness?

SOCIAL HISTORY

Alcohol Use

Do you drink alcohol? No Yes
of drinks/week: _____

Caffeine

On average how many caffeinated beverages do you drink a day? _____

Diet

Do you have any dietary requirements/restrictions? _____

Drug Coverage

None
What Company are you with? _____

Languages

What languages do you speak?

Do you require a translator Yes No

Living Arrangements

Alone
 A Facility
 With family: _____

Occupation: _____

What pharmacy do you use?

Physical Activity

On a daily basis: _____

Recreational Drug use

Yes No
Explain: _____

Sleep Pattern

On average how many hours do you sleep a night? _____
Do you sleep through the night?
 Yes No

Sexual History

Are you sexually active? Yes No

Specialist Care

Are you currently seeing a specialist?
 No Yes
Describe: _____

Spirituality

Do you have any requirements we need to know of? Yes No

Stressors

Any particular stressors in your life?
 Yes No

Waterloo Region Nurse Practitioner Led Clinic
13 Water Street North, Cambridge
123 Pioneer Drive Unit 101, Kitchener
Phone: 519-772-2322
Fax: 519-772-2323
Email: officeadmin@wrnplc.ca

Name(s): _____

Relationship to you: _____

Phone number(s): _____

I don't know/Unsure

Tobacco Use

Smoke cigarettes: Never No Yes

Other tobacco:

Pipe Cigar Chew

Quit date: _____

How many years did you smoke? _____

Approximately how many packs a day did you smoke? _____

Current smoker: Packs/day: _____

of years: _____

Date Completed: _____

Signature: _____

Women's Health History

Total number of pregnancies: _____

Number of births: _____

Have you ever had an abnormal PAP test?:

What is your Highest Level of Education? _____

Do you have CCAC or homecare services? Yes No

How often? _____

What services? _____

Name and number of Care Coordinator:

Substitute Decision Maker

Who will make health care decisions for you if you can't (if you become mentally incapable)?

Waterloo Region Nurse Practitioner Led Clinic

13 Water Street North, Cambridge
123 Pioneer Drive Unit 101, Kitchener
Phone: 519-772-2322
Fax: 519-772-2323
Email: officeadmin@wrnplc.ca