



# Medical Admission Form

*Worksheet to prepare for your evaluation appointment with the nurse*

RAMQ #: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Pharmacy (name and address): \_\_\_\_\_  
\_\_\_\_\_

Active Medications: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Family doctor: \_\_\_\_\_

Specialists: \_\_\_\_\_  
\_\_\_\_\_

Last physical exam: \_\_\_\_\_

Last blood test: \_\_\_\_\_

Surgical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Active health problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_