

**New Patient Request Form for Family Physician – Dr. M. Alam  
157 Queen Street East, Suite 210, Brampton, ON**

**Focused practice for patient living in Brampton, Ontario who are 50+ years old or have diabetes.**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

Previous Family Doctor: \_\_\_\_\_

Medical Issues/Diagnosis:

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Allergies:

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Surgical history:

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Current Medication List – prescription **and** over the counter (or attach list):

*Example: metformin 500mg 2 times/day*

_____	_____
_____	_____
_____	_____
_____	_____

Current pharmacy: \_\_\_\_\_

**Completed forms can be faxed to 905-457-7611 or emailed to: [info@npfht.com](mailto:info@npfht.com)  
Due to limited spots, you will be contacted for an appointment if accepted into the practice.**