

**New Patient Intake Form for Family Physician – Dr. Raza
157 Queen Street East, Brampton, ON**

Name: _____ Phone number: _____

Age: _____ Address: _____

Previous Family Doctor: _____

Medical Issues/Diagnosis:

Allergies:

Surgical history:

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

Example: metformin 500mg 2 times/day

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current pharmacy: _____