

Hawthorne Naturopathic Centre Ltd.

1726 Richmond Ave., Victoria, BC V8R 4P8
Phone: 250-598-3314 Fax:250-598-3317

Date: _____

Name: _____ Care Card #: _____
(as it appears on care card)

Address: _____

Postal Code: _____ Occupation: _____

Phone: _____ Work: _____ Cell: _____

E-mail address: _____

Date of Birth(mm/dd/yy) _____ Age: ____ Sex: ____ Marital Status: _____

Children (ages) _____

Emergency contact person: _____ Phone: _____

How did you hear about this Centre? _____

Primary reasons for making this appointment:

- 1) _____
- 2) _____
- 3) _____

Family Doctor and other Health Care Providers: _____

Medications and Supplements: _____

Known Allergies: _____

Surgeries: What and When: _____

This information is necessary for Dr. Chapell /Dr. Andrea Whelan to assess your total health picture as it relates to your current problem. It is a confidential record of your medical history and will not be released to any other person without your authorization.

Signature: _____