Cedar medconnect
Family Clinic

Inside Desh Guardian Pharmacy Danforth Ave, East
York, ON M4C 1M6

Patient Information Form

Last name _____

First name _____

Sex *Male ( ) Female ( ) Other ( ). Please specify* _____

Date of Birth *Year* _____ *Month* _____ *Year* _____

Address _____ *Unit* _____

City _____ *Postal Code* _____

Home Phone _____ *Cell Phone* _____

Preferred number for contact _____

Email Address _____

Health Card Number _____ *Version Code* _____

Allergies *(1)* _____

(2) _____

(3) _____

(4) _____

Reason for visit _____

_____

_____

_____
Name of patient / parent / guardian (PRINT)

_____
Signature

_____
Date

Office Use / Comments