

First Name	Middle Name	Last Name
Health Card #	Province	Date of Birth

1. Do you have any **Allergies**? **Mild** :: **Life-Threatening** – Details: _____

2. Have you been diagnosed with any **mental illness**? (*check all that apply*) **AD[H]D** :: **Anxiety** :: **Bi-Polar**
 Depression :: **OCD** :: **PTSD** :: **Schizophrenia** :: **Other** _____
 Details: _____

3. Any **medical conditions**? (*check all that apply*) **Asthma** :: **Blood Pressure** :: **Cancer** :: **Diabetes**
 Epilepsy :: **GI** :: **Heart** :: **Pneumonia** :: **Stroke** :: **Ulcer** :: **Other** _____
 Details: _____

4. **Medications** currently prescribed & reasons for use: _____

5. General physical (include signs associated with drug abuse)