

ONTARIO HEALTH CLINICS BRANTFORD FHO

**Patient Pre-Registration 0-12 yrs**

**PLEASE FILL OUT ALL SECTIONS.**

Detailed answers will help us  
to best take care of you.

Name  <i>(office use: apply label)</i>
--

**Lifestyle**

Age  M / F	School Name  Grade	Hobbies/Sports
------------------	--------------------------	----------------

**Allergies**

Drug	Other
------	-------

**Immunizations** *(Circle one)*

Up to date	Delayed	Not Immunized	Not Sure
------------	---------	---------------	----------

**Birth History**

Obstetrician: Dr. \_\_\_\_\_

Any pregnancy or birth complications:	Gestation (weeks) at birth:
<i>Circle one:</i> Vaginal birth / Caesarean birth	Birth weight (pounds or kilograms):

**Name and location of your last Family Doctor**

Dr.
Why did you leave?

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

**Current Medications**, including dosage and reason for taking

1.
2.
3.

# ONTARIO HEALTH CLINICS BRANTFORD FHO

**Current Medical History**, and age or year diagnosed (eg. Asthma, 8 y/o)

1.
2.
3.

Admissions to hospital, including the date, where, and why

--

Past surgical procedures, including the date and the name/location of specialist

--

Specialists currently following your child, including why and when the next appointment is

--

**Family History**, including chronic illnesses, diseases, and at what age they were diagnosed

Mother			
Father			
Sister			
Brother			
Grandmother			
Grandfather			

Do you have concerns about your child's health and development?

--

Anything else you would like us to know?

--