

PRIMARY PRACTICE
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Wharncliffe Rd N,
London ON, N6H 2C2



Dr. Samim
Paediatric & Adolescent Care

CONTACT US
P: +1 519-601-KIDS (5437)
F: +1 519-601-5438
www.dr.samim.ca

New Patient Pediatric & Adolescent Application Form

Please answer all fields, and complete one Application Form for each Pediatric/Adolescent

1-My Child's Information:				First Name:	Last Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				Age:	DOB (MM - DD - YYYY)		
Health Card #				Main Tele #	Alternate tele#		
Email address:				Address:	Postal Code		
2-Our Pharmacy: Name:				Address:	Phone:		
3-Emergency Contact Information:				Name:	Relationship:		
Main Tele #:				Cell #			
4-My Child Has chronic health condition				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please encircle the medical conditions below *			
ADHD	Asthma	Autism	Cerebral Palsy	Challenging Behaviour	Chronic Renal Failure	Chromosomal Anomalies	Development Delay
Diabetes	Epilepsy	Heart Problems	Bleeding Disorders/ Hemophilia/	Premature/Low Birth Weight	School/Learning Difficulties	Ulcerative Colitis/ Crohn's Dis	Other:
5-My child has a current Dr: <input type="checkbox"/> Yes <input type="checkbox"/> No				Family Physician/ Pediatrician	If Yes; please provide name:		
I would like child's current Medical Records Sent to your office.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
6- Medications history: My child currently is taking the flowing medications <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, please list Medication Names:							
Drug Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please list:					
By signing below, you agree that all provided information is accurate.							
Print Name:			SIGNATURE:			DATE: (MM – DD – YYYY)	
Please HAND IN in your completed application form to front desk staff. or FAX your application form to FAX NUMBER: 519-6015438							
*Facilitate booking appropriate date and duration for Meet and Greet visit.							

ADDITIONAL LOCATIONS

Lucan Medical Centre
A: 268 Main St., PO Box 310
Lucan, ON N0M2J0
T: 519-227-1163
F: 519-227-1558

Bonavista Medical Centre
104-265 King George Rd
Brantford, ON N3R 6Y1
T: 519-759-4060
F: 519-759-8807

Telemed MD
W: www.telemedinovations.ca
T: +1 (888) 350 - 2323
E: support@telemedmd.ca