

11809 68 Street
Edmonton AB, T5B 1P6
(780) 425-3400

Referring Physician:

PRACID:

Telephone:

Name & Location of Clinic (if doctor has multiple working locations):

PATIENT DEMOGRAPHIC

Patient Name:

Gender:

Date of Birth:

Address:

City:

Postal Code:

Home Phone

Work Phone

Mobile Phone

Health Care #:

Primary Complaint:

Asthma Cough Rhinitis Headaches Urticaria Angioedema Eczema Other Skin Rashes (specify):

Local Anesthetic Penicillin Other Drugs (specify):

Latex Recurring Sinus Infection Immunodeficiency Mosquitos Stinging Insects

Eosinophilia Vx/Diarrhea Food Allergy (specify):

Brief History (include any medication):

You will be faxed back an appointment date, time and other patient related information.

Your Fax #:

We are accepting new patients