



Dear Q'wemtsin Health Society Clients,

It's that time of year again! QHS is updating all patient information. I am hoping you will assist us by filling out this form as best you can. This affects you when you have referrals sent to specialists or outside services and they are unable to contact you due to old information to arrange important appointments. Please be assured that all the information you provide on this form will be kept absolutely **confidential** and will only be shared in the event you are sent to an outside specialist.

Thank-you for taking the time to complete this form and if you have any questions or comments please don't hesitate to contact me or use the comment box located in the kitchen.

Sincerely,
Sarin Burke, Executive Office Administrator

Full Legal Name: _____ Preferred Name: _____	Date of Birth: _____ (YYYY/MM/DD)
Address: _____ _____ On Reserve: <input type="checkbox"/> Off Reserve: <input type="checkbox"/>	Home Phone: _____ Preferred: <input type="checkbox"/> Other: _____ Preferred: <input type="checkbox"/> Work: _____ Preferred: <input type="checkbox"/>
Allergies: _____	Family Doctor: _____
Care Card #: _____ Additional Health & Dental Benefits: Yes <input type="checkbox"/> No <input type="checkbox"/>	Status #: _____
Best Time to Contact: Morning <input type="checkbox"/> Afternoon: <input type="checkbox"/>	Emergency Contact: Name: _____ Phone #: _____
Email Address: _____ Would you like emails for any of the following: (Please complete the email/text consent contained in this package if you are filling out this section) <input type="checkbox"/> Appointment Reminders <input type="checkbox"/> Notification of Special Events <input type="checkbox"/> Newsletters	Please list all the dependents in your household below: Name: _____ Status #: _____ Care Card #: _____ Name: _____ Status #: _____ Care Card #: _____ Name: _____ Status #: _____ Care Card #: _____

Please hand in to reception for the medical office assistant to add to your medical chart. Thank-You