1. About you and previous healthcare

Please complete as accurately as possible. Select No or write N/A when a question does not apply.

Personal information

Legal first name | Last name

Preferred name | Date of birth | Pronouns

PHN | Primary phone

Home address

City | Postal code

Email

Emergency contact

Name | Relationship

Phone

Previous primary care

Previous family doctor / nurse practitioner

Previous clinic / location

- [ ] I did not have a regular primary care provider.
- [ ] I would like NovaMed to request relevant previous medical records.
- [ ] No / not applicable

2. Your health history

Select all conditions you have been diagnosed with, then add details where helpful.

Medical conditions

- [ ] High blood pressure
- [ ] Heart disease
- [ ] Stroke / TIA
- [ ] Thyroid condition
- [ ] COPD / lung disease
- [ ] Stomach / intestinal condition
- [ ] Kidney disease
- [ ] Osteoporosis / low bone density
- [ ] Migraine / recurrent headaches
- [ ] Cancer
- [ ] Depression
- [ ] None of the above
- [ ] High cholesterol
- [ ] Heart rhythm problem
- [ ] Diabetes / prediabetes
- [ ] Asthma
- [ ] Sleep apnea
- [ ] Liver disease
- [ ] Arthritis / chronic joint problem
- [ ] Autoimmune / rheumatologic condition
- [ ] Seizure / neurological condition
- [ ] Anxiety
- [ ] Other mental health condition

Other condition or important details:

Hospitalizations & procedures

Have you ever been admitted to hospital overnight?

- [ ] No
- [ ] Yes

Reason / approximate year:

Have you had surgery or a significant medical procedure?

- [ ] No
- [ ] Yes

Procedure Year

Procedure Year

Procedure Year

Specialists & other healthcare providers

Provider / specialty Reason

Provider / specialty Reason

3. Medications and preventive health

Include prescription medicines, non-prescription medicines, vitamins, supplements and injections.

Current medications & supplements

Medication / supplement	Dose & how often	Reason

☐ I do not currently take medications or supplements.

Preventive health & screening

Colon cancer screening

☐ FIT / stool test ☐ Colonoscopy ☐ Never / N/A

Most recent year

Breast screening / mammogram, if applicable

☐ Yes ☐ No ☐ N/A

Year

Cervical screening (Pap / HPV), if applicable

☐ Yes ☐ No ☐ N/A

Year

Bone density test

☐ Yes ☐ No ☐ Unsure

Year

Other screening or preventive-health issues you would like to discuss:

4. Family history, well-being and lifestyle

These questions help us understand health risks and factors that may affect your care.

Family health history

- ☐ Heart disease / heart attack
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Colon cancer
- ☐ Osteoporosis / hip fracture
- ☐ Autoimmune / rheumatologic disease
- ☐ Substance-use disorder
- ☐ No significant family history known
- ☐ Stroke
- ☐ Diabetes
- ☐ Breast cancer
- ☐ Other cancer
- ☐ Thyroid disease
- ☐ Significant mental health condition
- ☐ Inherited / genetic condition
- ☐ Suicide / death by suicide

Relationship(s) / important details:

Mental & emotional well-being

During the past 2 weeks, how often have you experienced:

	Not at all	Several days	More than half	Nearly every day
Little interest or pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed or hopeless	☐	☐	☐	☐
Feeling nervous, anxious or on edge	☐	☐	☐	☐

Have you ever received treatment or counselling for your mental health?

☐ No ☐ Yes ☐ Discuss

Anything you would like your provider to know:

Tobacco, alcohol & other substances

Nicotine / tobacco:

☐ Never ☐ Current smoker ☐ Former smoker ☐ Vape / other

Cigarettes per day Years smoked Year quit

Alcohol, approximate drinks per week

Cannabis / other substances

5. Work, insurance and your health priorities

Complete only the claim sections that apply to you.

Work, disability & insurance claims

Do you currently have a WorkSafeBC claim related to your healthcare?

☐ No ☐ Yes

Claim number

Do you currently have an ICBC claim related to your healthcare?

☐ No ☐ Yes

Claim number

Do you receive disability benefits or have an active disability claim?

☐ No ☐ Yes ☐ Discuss

Details, if relevant

Do you have extended / private medication coverage?

☐ Yes ☐ No ☐ Unsure

Your health priorities

What are the most important health concerns you would like your NovaMed provider to know about?

1.

2.

3.

Is there anything else about your health, circumstances, communication needs or care preferences that would help us care for you?

Patient confirmation

I confirm that the information I have provided is accurate to the best of my knowledge. I understand that I can discuss or update this information with my healthcare provider.

Printed name Date

6. NovaMed clinic policies and consent

Please review these clinic expectations and complete the acknowledgment below.

Your care at NovaMed

We aim to provide respectful, coordinated and continuous care. Please provide complete and accurate health information, keep your contact details current, and tell your NovaMed provider about important care received elsewhere.

Appointments

Appointment time is reserved for the reason(s) booked. If several concerns need attention, your provider may prioritize the most urgent issues and arrange follow-up. Please arrive on time and give as much notice as possible if you need to cancel.

Late or missed appointments

Late arrival may shorten the visit or require rescheduling. Missed appointments and late cancellations may be subject to an uninsured fee according to the clinic's current fee schedule.

Prescriptions and controlled medications

Prescription renewals require appropriate clinical review. Opioids, stimulants, sedatives and other controlled medications are prescribed only when clinically appropriate and may require additional monitoring, agreements, records or follow-up.

Electronic communication

Email and text may be used for administrative messages, reminders and other approved communications. Electronic communication has privacy limitations and should not be used for emergencies or urgent medical concerns.

AI-assisted documentation

Your healthcare provider may use approved AI-assisted documentation technology to help prepare clinical notes. The provider remains responsible for reviewing the medical record.

Medical learners

Medical students or residents may sometimes participate in care under supervision. You may decline learner involvement without affecting your care.

Respectful and safe environment

Patients, families, staff and clinicians are expected to communicate respectfully. Threatening, abusive, discriminatory, harassing or unsafe behaviour may be addressed under clinic policy and applicable professional requirements.

Uninsured services

Some services are not covered by MSP and may have a fee. Current fees are available from the clinic before the service is provided.

Consent choices

- [ ] I authorize NovaMed to request relevant previous medical records when needed for my care.
- [ ] I consent to receiving clinic administrative communications by email and/or text.
- [ ] I acknowledge the clinic's notice regarding AI-assisted documentation.

Acknowledgment

I confirm that I have reviewed the NovaMed Medical Clinic policies in this package and have had an opportunity to ask questions. I understand that clinic policies and uninsured-service fees may be updated from time to time.

Printed name _____ Signature _____

Date _____