1. Child and family information

Please complete before your child's first appointment. Write N/A where a question does not apply.

Child information

Legal first name | Last name

Preferred name | Date of birth | Pronouns

PHN | School / daycare

Home address

Parent / guardian information

Parent / guardian 1 | Relationship

Parent / guardian 2 | Relationship

Primary phone | Email

Emergency contact | Phone

Previous healthcare

Previous family doctor / pediatrician

Previous clinic / location

- [ ] Please request relevant previous medical records for my child's care.
- [ ] No / not applicable

2. Medical history

Tell us about your child's health history and current treatment.

Medical conditions

Has your child ever been diagnosed with an ongoing or significant medical condition?

☐ No ☐ Yes, please describe below

Hospital stays, surgeries and procedures

Has your child ever stayed overnight in hospital for a significant illness or injury?

☐ No ☐ Yes

Reason / approximate year:

Has your child ever had surgery or a medical procedure?

☐ No ☐ Yes

Procedure / approximate year:

Specialists and other healthcare providers

Does your child currently see a specialist or another healthcare provider?

☐ No ☐ Yes

Name / specialty:

Allergies

☐ No known allergies ☐ Medication ☐ Food ☐ Environmental ☐ Other

Please describe the allergy and reaction:

Current medications, vitamins and supplements

Medication	Dose / how often	Reason

☐ My child does not currently take medications, vitamins or supplements.

3. Development, lifestyle and family history

This section helps us understand your child's development and day-to-day health.

Immunizations

Are your child's routine immunizations up to date?

☐ Yes ☐ No ☐ Unsure

Comments:

Development and daily life

Do you have concerns about any of the following? Select all that apply.

☐ Growth / weight
☐ Sleep
☐ Learning / school
☐ Mood / anxiety
☐ Vision
☐ Physical development / mobility
☐ Eating / nutrition
☐ Speech / language
☐ Behaviour
☐ Hearing
☐ Toileting
☐ None

Please provide details about any concerns selected above:

Home, nutrition and activity

Who lives with your child at home?

Dietary restrictions or special dietary needs?

☐ No ☐ Yes

Details

Usual physical activity:

☐ Very active ☐ Moderately active ☐ Limited ☐ I have concerns

Family medical history

Do close family members have conditions that may be relevant to your child's care?

☐ Diabetes
☐ Asthma / allergies
☐ Autoimmune disease
☐ Genetic / inherited condition
☐ Heart disease / high blood pressure
☐ Thyroid disease
☐ Mental health condition
☐ None known

Relationship / details:

4. NovaMed clinic policies

Please review these clinic expectations. Questions are welcome before you sign the acknowledgment on page 5.

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.

Medical records and information sharing

NovaMed may need relevant records from previous physicians, hospitals, laboratories or other healthcare providers to support safe care. Specific authorization may be requested when required.

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. Any required consent or notice will be provided separately.

5. Clinic policies, consents and acknowledgment

Please review the remaining policies and complete the applicable consent choices.

Medical learners

From time to time, medical students or residents may participate in care under supervision. You may decline learner involvement without affecting your child's care.

Audio or video recording

Please ask your healthcare provider before making an audio or video recording during an appointment. Recording may be declined where privacy, consent, safety or clinical considerations apply.

Uninsured services

Some services are not covered by MSP and may have a fee. Examples can include forms, certificates, chart transfers and missed appointments. Current fees are available from the clinic before the service is provided.

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.

Changes to or ending the care relationship

Either the patient/family or the clinic may end the care relationship. When initiated by the clinic, this will be handled in accordance with applicable professional and legal requirements, including appropriate notice and continuity-of-care considerations where required.

Consent choices

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

Parent / guardian 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 and that current versions are available from the clinic.

Parent / guardian printed name

Signature

Date

For clinic use: complete any separate authorization or consent required by clinic policy.