

Foothills Family Medical Centre

Dr. Jill Bishop
Dr. Jacques Branch
Dr. Brian Doran
Dr. Timothy Dowdall
Dr. Noel Grisdale
Dr. Tristan Hembroff
Dr. Eric Jablonski

Dr. Chelsea Pocock
Dr. Gary Ray
Dr. Amanda Schreiner
Dr. Matthew Schuck
Dr. Brian Siray
Dr. Arne Van Aerde

To enhance your care we require the following information to confirm your health history.

Our Practice is proud to be a teaching practice for the University of Calgary. We are also pleased to have other team members in our organization to assist in your care.

HEALTH HISTORY QUESTIONNAIRE

Patient Full Name: _____

Which pharmacy do you deal? _____

Date of Birth: _____

Address: **Mailing Address** _____
 Street Address _____
 City: _____
 Postal Code: _____

Phone Number: _____

Cell Number: _____

Email Address: _____

Health Care Number _____