



REGISTRATION FORM

A division of Canadian Sleep Consultants *

Today's Date:			
PATIENT INFORMATION			
Last name:		First name:	
Chosen name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth:		Age:	
Mother's Name:		Father's Name:	
Age:		Age:	
Occupation:		Occupation:	
Guardian's Name:		Guardian's Name:	
Age:		Age:	
Occupation:		Occupation:	
Street address:		City:	Province:
		Postal code:	
Home phone no.:	Cell phone no.:	Work phone no.:	
Referred by:			
Family physician:			
BIRTH HISTORY			
Age of Gestation	Type of Delivery:	Number of weeks of gestation:	Birth weight:
<input type="checkbox"/> Term	<input type="checkbox"/> Normal		
<input type="checkbox"/> Pre-Term	<input type="checkbox"/> C-Section		
Complications during pregnancy?		Complications at birth?	
<input type="checkbox"/> No		<input type="checkbox"/> No	
<input type="checkbox"/> Yes - _____		<input type="checkbox"/> Yes - _____	
MEDICAL HISTORY			
Allergies:		Medications:	
Immunizations up to date?		Health Issues / Medical or Surgical History?	
<input type="checkbox"/> Yes		<input type="checkbox"/> None	
<input type="checkbox"/> No - _____		<input type="checkbox"/> Yes - _____	
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to patient:	Telephone no.:	
<p>The above information is true to the best of my knowledge. I also authorize MyKidz Pediatric Clinic to obtain pertinent information from the patient's family physician or referring physician, if necessary for proper care and treatment.</p> <p><input type="checkbox"/> I consent to receive electronic messages (ex. Email, text messages) containing clinical news, updates, product offerings and services from MyKidz Pediatric Clinic. I also recognize that I can withdraw my consent at any time.</p>			
Patient/Guardian Signature _____		Date _____	
<p>Late Cancellation / No Show Policy Our clinic upholds a 48-hour Late Cancellation and No show policy in line with the policies and recommendations of the College of Physicians and Surgeons of Alberta. A fee of \$ 100 (for initial appointments) or \$50 (for follow-ups) will be charged for missed appointments and late cancellations.</p>			