

NEW PATIENT INFORMATION SHEET FOR DR AMELIA HAINES

Preferred Name:

Partner's/Spouse's Name:

Children (Names and Ages):

Medications:

Complementary Medications:

Allergies:

Surgery:

Medical Diagnoses:

Alcohol Intake:

Smoker:

Other Recreational Drug Use:

Spiritual Affiliation/Religious Background:

Employment Type:

Country of Origin:

How Did You Find Me?

NOTE: If any of the above questions feel too intrusive please do not answer it. All information supplied is confidential and will be used by Dr Amelia Haines alone without your specific permission.

I hereby give permission for Dr Amelia Haines to provide information regarding all consultations to my referring doctor or any necessary health provider.

Signature..... Date...../...../.....