



BRAMPTON CARDIO PULMONARY SERVICES

31 Centre Street South, Brampton, Ontario L6W 2X7

Phone: **905-455-3010** Fax: **905-455-3011**

www.bramptoncardio.com

APPOINTMENT DATE: _____

TIME: _____

Dear New Patient:

Welcome! We look forward to providing you with the highest quality of care, service and respect.

Please complete the following forms so that we can help customize a treatment plan for you.

When you come for your appointment please bring with you:

- Your Health Card -
- All your prescription medications in their original containers
- A list of over the counter medications you are taking (eg. Advil, aspirin vitamins etc)
- Questionnaire and forms

If you have any questions please call us at 905-455-3010



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YOUR PERSONAL HEALTH INFORMATION – Privacy Practice

At Brampton Cardio Pulmonary Services we are committed to protecting the privacy of our patient's health information and places the highest value on maintaining the confidentiality and security of personal health information.

Therefore please let us know what you prefer below.

Patient's Name: _____ Date of Birth: _____

Address: _____

I wish to be contacted in the following matter: (check ALL that apply)

- _____ Home Phone (list your phone #) _____
- _____ Cell Phone (list your cell #) _____
- _____ By Text (list # or address to text) _____
- _____ By fax (list your fax #) _____
- _____ By email (email address) _____
- _____ Call me at work (work #) _____

Please tell us how we may leave a message for you (check ALL that apply)

- _____ Leave message with detailed message for calling
- _____ Leave message with call back number only – no other details
- _____ You may leave a message on any of my voicemails on any of my numbers

Please tell us who may receive any messages about your health information (check all that apply)

- _____ **Spouse/Significant Other**
Please list his/her name _____
Please list his/her phone number _____
- _____ **Child(ren)**
Please list his/her name _____
Please list his/her phone number _____
- _____ **Other person/persons**
Please list his/her name _____
Please list his/her phone number _____

Please note that all of your medical reports will be sent to you family/referring physician.

Brampton Cardio Pulmonary Services has an interactive website site that offer education, newsletters and links for your healthcare. www.bramptoncardio.com

I would like to receive emails from Brampton Cardio website - **Yes** **No**

I acknowledge I have read and agree to the above information

Patient Signature (or authorized signature) _____ **Dated** _____