



Calgary Mental Health Clinic 403-768-9898
www.cmhc.1.ab.ca

Patient Registration Form

Patient Information

Patient's Last Name: _____ First Name: _____

Gender: Male _____ Female _____ Other _____ Specify _____

Family Status: Married _____ Single _____ Divorced _____ Separated _____

Birth Date (DD/MM/YYYY): _____

Email Address: _____

Cell Phone# _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred Appointment Times: Mon, Tue, Wed, Thurs, Fri, Sat, Mor, Aft _____

Medical History

Are you in good mental health: _____ Yes _____ No

Has there been a change in your mental health in the past year?

_____ Yes _____ No

*If yes, please explain: _____

When was your last physical examination? _____

Adapted from: Harbor Dental Clinic Patient Registration Form Source: www.harbordentalclinic.com



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Are you currently being treated for any medical conditions?

Yes _____ No _____

If yes, what medical conditions are you being treated for?

Are you currently taking any medications? ☐ Yes ☐ No

If you are taking any medications, list here:

Do you have, or have you had any of the following diseases or problems?

_____ Heart Disease

_____ Allergy

_____ Asthma

_____ Diabetes

_____ Thyroid Problems

_____ Arthritis

_____ Stomach Ulcer

_____ Kidney Trouble

_____ Blood Pressure

_____ Mental health problems

_____ Cry for no reason

_____ Feel lonely or sad

_____ Blood Disorder such as anemia

_____ Drug Addiction



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Are you Allergic or have you had a reaction to?

_____ Local Anesthetics

_____ Penicillin or other Antibiotics

_____ Sleeping Pills

_____ Aspirin Other: _____

How would you rate your mental Health?

_____ Fair

_____ Good

_____ Very Good



Filling in a Mental Health Clinic Form		Teacher:			
Name:	Date:	CLB Level: 4		Skill: Writing	
Competency Area: Getting Things Done	Competency Statement: Complete simple forms that require basic personal or familiar information and some responses to simple questions.				
Task: You have gone to a medical clinic for the first time. Fill in the Patient Registration Form.					
Holistic: Could complete the form correctly. S _____ NY _____					
Analytic:	Not yet 1	Partly Achieved 2	Achieved 3	Achieved Easily 4	Comments
1. Included the required basic information.					
2. Followed appropriate conventions for addresses, telephone numbers, etc.					
3. Followed most spelling conventions.					
4. Used capital letters and left appropriate space between words while typing					
Success: 12/16 Your Score:					