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? O Yes O 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

_____ Asthma

_____Thyroid Problems

_____Stomach Ulcer

_____Blood Pressure

_____ Cry for no reason

_____Blood Disorder such as anemia

_____Allergy

_____Diabetes

_____Arthritis

_____ Kidney Trouble

_____ Mental health problems

_____Feel lonely or sad

_____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

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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:					

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