



Calgary Mental Health Clinic 403-768-9898  
[www.cmhc.1.ab.ca](http://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](http://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?

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Are you currently taking any medications? ☐ Yes ☐ No

If you are taking any medications, list here:

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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:<br>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<br>1                                                                                                                            | Partly<br>Achieved<br>2 | Achieved<br>3 | Achieved<br>Easily<br>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:                                                                         |                                                                                                                                         |                         |               |                         |          |