

# Mount Saint Vincent University Patient Health Profile 2026-2027

This form is confidential and is used to create a chart. This information cannot be given to anyone outside of this clinic without your written consent.

Please answer all the questions you are comfortable answering. All fields marked \* are mandatory as this enables us to create a chart and ensure everything is ready for your first visit with the Doctor.

## PERSONAL INFORMATION

* Full Name:	* Date of Birth (DD/MM/YY)
Assigned Sex:	Gender:
* Student ID:	Pronouns:
* Address (in Halifax)	* Postal Code:
* Cell Number:	Home Number: (if different from cell)
* MSVU email:	Other email: (if more frequently used than MSVU email)

## \* HEALTH PLAN

<input type="checkbox"/> GuardMe	
Or	
<input type="checkbox"/> Provincial Health Card (If you have a provincial health card, please continue to fill fields below)	
Health Card Province/Territory (Ontario, PEI, etc):	
Health Card Number:	Health Card Expiry Date:
<u>Family Doctor (if applicable):</u>	

## EMERGENCY CONTACT

Preferred/Chosen Name:	Relationship:
Address:	Postal Code:
Cell Phone Number:	Home Phone Number: (if different from cell)

## MEDICATION(S) (prescribed or over the counter)

Medication Name(s):	Dosage:

## KNOWN ALLERGIES/SENSITIVITY

Allergies (medications, animals, food, etc)	Reaction (hives, anaphylaxis, sensitivity)

## KNOWN MEDICAL HISTORY (ie heart problems, diabetes, hypertension, seizures, surgeries, etc)

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