



PROACTIVE HEALTH GROUP

PROFESSIONAL HEALTH CARE FOR THE ACTIVE INDIVIDUAL

Date _____

Name _____ / _____ / _____
last first middle initial

Personal Health # _____ - _____ Male Female

Home Address _____

City _____ Postal Code _____ Home Telephone # _____

Business Telephone # _____ Cell # _____

E-Mail Address _____

Best way to contact you: Home # Work # Cell # Email

Birth Date ____ / ____ / ____ Marital Status M S W D
Y M D

Emergency Contact Name, Address, Phone# _____

Occupation & Company Name _____

Physician's (G.P) Name, Address, Phone# _____

Date of last physical examination ____ / ____ / ____
Y M D

On occasion, our practitioners will communicate your clinical condition with your Physician.

Do you have health insurance other than Alberta Health Care? Yes No

How did you first find out about the clinic? From friend/relative –
who _____

Website Advertisement Outside Sign Brochure

Other _____