



Nava Medical Centre
318 Gilmore Ave, Burnaby, BC V5C 4R1
T: 778-373-7700
F: 778-373-7735
W: navamedicalcentre.ca
E: admin@navamedicalcentre.ca

Adult Intake form

Date: _____

Patient Attachment for Dr: _____

Your answers on this form will be kept confidential, and they will help your healthcare provider get an accurate history of your medical concerns and conditions. To ensure that we provide you with the highest standard of care, it is essential that we have clear and accurate information regarding your health. Your well-being is our priority, and the accuracy of the information you provide is crucial for your treatment and care. Please be advised that if we discover any discrepancies or falsehoods in the information you have provided, the clinic and your healthcare provider reserve the right to terminate the patient-provider relationship unilaterally and without further notice. We appreciate your understanding in this matter, as it allows us to serve you better.

Legal First Name:	Preferred Name: (if applicable)
Last Name	
Gender:	Pronouns:
Date of Birth YYYY/MM/DD	
Address (Street Address)	
Address (City / Postal Code)	
PHN (Personal Health Number)	
Primary number (Cell phone)	
Secondary number (Home)	
Email	
Emergency Contact Name	
Emergency Contact Number	

3. Family History

Heart Attack	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____	Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____
Stroke	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____	Hip Fractures	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____
Breast Cancer	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____	Colon Cancer	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____
Other Cancer: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____	Thyroid Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____
Rheumatology problems:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____	Hepatitis:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____
Anxiety:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____	Depression:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____
Bipolar:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____	Suicide:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____
Schizophrenic	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____	Alcohol Abuse:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____
Substance Abuse:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____	Others:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Who? _____

4. Mental Health Screening

- In the past 2 weeks, have you been bothered by: little interest or pleasure in doing things? No Yes
- Feeling down, depressed, hopeless? No Yes
- Anxious, keyed up, or on the edge? No Yes

5. Substance Use History

- Do you smoke? No Yes, _____ packs a day for _____ years
 I quit in _____ years after smoking for _____ years
- How many alcoholic beverages do you drink in a week? _____ drinks
- Do you use recreational substances? No Yes
 If yes, what substances: _____

6. Social/Occupational History

- a. Occupation (or prior occupation): _____
- b. Are you: retired unemployed Currently Employed
 leave of absence disabled other: _____
- c. Years of education or highest degree: _____
- d. Are you on any form of disability? Or have you ever applied for any types of disability?

- e. Do you have third party drug coverage? No Yes, _____
- f. Marital status (check one): single partner married divorced widowed
 other: _____
- g. Who lives at home with you? _____
- h. Do you have dietary restrictions? _____
- i. Are you vegetarian? _____
- j. Do you consider yourself to have a sedentary lifestyle? No Yes
- k. Do you have any family members in our clinic? Who are they? (If yes, please provide full name): _____
- l. Do you have any ongoing WCB claims?
 No Yes If yes what is the claim number? _____
- m. Do you have any ongoing ICBC claims?
 No Yes If yes what is the claim number? _____

7. Do you have anything else you would like us to know about you?



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Clinic Policy (Must be completed)

At Nava Medical Centre, providing the best possible medical care for our patients is our foremost priority. In order to serve all our patients optimally, we follow a set of clinic policies in compliance with the standard of practice in this province. We ask that all of our patients respect our policies, and we encourage everyone to ask us questions they may have regarding these policies.

Please read the following Clinic Policy carefully and initial each item. If you have any questions, please let us know before signing.

As a patient at Nava Medical Centre, you are entitled to some important Patient Rights. Please visit: www.navamedicalcentre.ca/Patientguide for details.

Patient Attachment:

- I agree to attach to as my primary care provider and:
 - Seek my health care from Nava Medical Centre whenever possible.
 - Identify my doctor or nurse practitioner (NP) in Nava Medical Centre as my primary care provider when I visit any other health care provider.
 - Not have another family doctor as a regular doctor.
 - Communicate with my doctor or NP honestly and openly.
 - Respect Nava Medical Centre staff and refrain from any form of verbal or physical aggression or harassment.

Consent to Transfer Charts

- I understand that to provide adequate care to me, my primary care provider needs accurate and complete information of my existing medical files. I hereby give consent to my doctor or NP to request for medical files, charts, and documents from hospitals, clinics, laboratories, and other health care facilities that are necessary for taking care of my medical needs. I will inform my doctor, or NP should there be any exceptions to the above.

Clinic appointment bookings:

- A typical visit is scheduled for 10-15 minutes, depending on the type of visit.
- Whenever possible, I will inform the clinic of the reason(s) of my visit so that the clinic can budget time appropriately.
- Longer appointments for complete physicals or procedures will be booked at the doctor or NP's discretion.
- I acknowledge that if I have multiple issues, my doctor or NP may prioritize them in the allotted time and may schedule follow up visits to go through my issues thoroughly.

Childhood Immunizations:

- I acknowledge that Nava Medical Centre may not be stocked with routine childhood immunizations for children under 6 years old. In this situation, I will contact the closest public health unit for these immunizations.

Opioids, Sedatives, and other controlled substances:

- I have read, and agree to the following:
 - There is insufficient clinical evidence that long term, escalating doses of opioid treatment is beneficial for chronic, non-cancer pain. Inappropriate use of opioid medications can lead to more harm than good. For the best quality of care, patients at Nava Medical Centre will adhere to the Opioid Treatment Agreement before starting opioid therapy.
 - The College of Physicians and Surgeons of BC has a formal policy statement forbidding the concurrent use of Opioids and Sedative medications, and my doctor or NP is legally obliged to stop one or more of these medications with a taper.
 - Some parts of the Opioid Treatment Agreement include opioid medications that must be prescribed to patients by a single physician only. Patients on opioid medications are subject to PharmaNet Checks and Random Drug Screening. The doctor or NP has the right to terminate opioid prescribing for the patient if any item of the Agreement has been breached.
 - Patients are allowed to view the Opioid Treatment Agreement upon request.

Prohibition of Audio or Video Recording:

- I am aware that as a patient visiting the clinic, I am strictly prohibited from recording audio or video within the premises, including consultations, examinations, discussions, or any other interactions involving healthcare providers.

AI Scribing technology for medical visits documentation:

- I acknowledge that my healthcare provider may utilize AI scribing technology to document my medical encounters within a licensed electronic medical records system.

Medical Learners:

- I understand that my healthcare provider may introduce medical students or residents to observe and participate in my medical encounters for the purpose of medical education and training for future physicians. I acknowledge that their involvement will only occur with my explicit consent.
- The medical learner will always review my encounter with one of the clinic doctors, and I can also ask to see the clinic doctor after seeing the learner.
- I will always have the choice of declining to see a medical learner, and this will not affect my medical care with the Nava Medical Centre in any way.

Late or missed appointments:

- As appointments are in high demand, 24-hour notice is required to cancel appointments. This notification allows Nava Medical Centre to offer available time to other patients needing care.
- If I am late for my appointment and my doctor or NP has to see the next patient, the clinic will try to fit me in at a later time slot. If I am unable to be seen due to my lateness, it is considered a missed appointment.
- Missed appointments are subject to a fee as recommended by Doctors of BC.

Uninsured services:

- I understand that some services are not covered by the provincial Medical Services Plan. I have the right to know the Nava Medical Centre service fees before agreeing to the treatment.
- Common uninsured services include:
 - Sick notes and medical certificates
 - Faxed prescription renewals
 - Chart transfers
 - Missed appointments
 - Insurance reports
 - Cosmetics procedures
 - Driver's medicals
 - Cryotherapy for non-plantar warts in adults
 - Flu shots for uninsured patients
 - Medical legal letters and opinion
 - Travel advice
 - Medical CPP examinations and forms
 - After-hours telephone advice
 - Doctor's note
- If an outstanding account has been incurred by me, payment is expected upon arrival at the next appointment. Depending upon the type of appointment, Nava Medical Centre may not be able to schedule future appointments until the balance has been paid.

Receiving Email Communications:

- I consent to receiving clinic notices by email or text messages, such as for Flu Clinics, screening test reminders, and clinic updates. I understand and accept that there is a small inherent risk to email communication such as unauthorized access. Emails from Nava Medical Centre will not contain any medical information such as test results or specialist reports, unless exclusively directed by the patient.

Ending the therapeutic relationship:

- A positive therapeutic relationship relies on mutual trust and respect between the patient and the doctor or NP. If this foundation is lost, a productive therapeutic relationship may no longer be possible, and either the patient or the doctor or NP may choose to terminate this doctor-patient relationship.
- Nava Medical Centre will provide resources where I may be able to find another physician.
- After ending the therapeutic relationship, I have the right to seek care from the clinic for up to 1 month for emergency reasons.
- If the reason for terminating the care relationship involves verbal, physical and/or behavioral aggression and or insult towards any clinic staff, the grace period will not apply due to workplace anti-harassment legislation.
- It is within my rights to at any time end the therapeutic relationship and transfer my care to another clinic. A chart transfer fee will be applicable.

***Please note, failure to disclose complete information in the intake form may lead to termination of the patient-doctor relationship due to the breach of trust at the clinic's discretion.** Initials: _____

By signing below, you indicate that you have had an opportunity to discuss the clinic rules, you understand and agree to the rules.

Signature: _____

Printed Name: _____

Date: _____