

Registration Form – Executive Clients

Name: _____ Date: _____

Personal Health Number: _____ (required to set up your chart as on occasion Dr. Pagdin will need to request further lab testing and/or diagnostic imaging)

Male | Female (please circle)

Birth date (DD-MM-YYYY): _____

Address, City, Postal Code: _____

Please check your primary contact number

Home Phone: _____ Cell Phone: _____
 Work Phone: _____

Family Physician: _____ City/Town: _____

Occupation: _____

Email Address: _____

May we add your email to our Health Living Newsletter list? Yes or No (circle your reply)

May we communicate with you via email correspondence? Yes or No (circle your reply)

Emergency Contact Name: _____

Number: _____

Medication Allergies: _____

Current Medications: _____

Supplements: _____

How did you hear about us? _____

We require 48 hours' notice (business days) to change or cancel this appointment or a cancellation fee of \$175 will be applied. Payment will be required prior to scheduling additional appointments.

Lab results must be received to our office a minimum of 5 full business days prior to your appointment or your appointment will be rescheduled. For this reason, we suggest you have your lab work done a minimum of 3 weeks prior to your appointment date.

I agree to the above policies. Signature: _____