Welcome to McKenzie Family Practice - Dr. Robert Dunlop, MD

New Patient Information and Agreement

My Approach to Family Medicine

- patient centred care - respecting your values and wishes in order to make shared decisions regarding screening, testing, treatment, referrals, and follow up
- preventative care - promoting a healthy lifestyle with appropriate, proactive counselling and screening
- evidence-based medicine - staying current with new evidence, best practices, and open to new avenues of practice
- bias free care - I do no accept remuneration from pharmaceutical or device companies

Clinic Information:

- Routine appointments are up to 15 minutes in length
- Periodic health exams (previously “physicals”) are 30 minutes in length
- I do not typically double book appointments (except in rare and emergency situations)
- I kindly request 24 hours notice for cancellations if possible - the McKenzie Family Practice policy is to invoice patients for missed appointment
- I do not believe in limiting patients to 1 concern per visit, but I would request keeping concerns within 15 minutes (additional appointments may be necessary to address all concerns)
- Certain fees may apply for uninsured services and will be charged in accordance with the recommended fee guide from the Alberta Medical Association - ex. medical notes, insurance forms, occupational/drivers medicals, etc. - you will always be made aware of these fees in advance (please see posted fees in clinic)

I strongly believe in protecting patients from potentially dangerous and/or inappropriate medications. As such:

- *I limit the use of antibiotics to suspected bacterial infections for which the benefit outweighs their potential side effects*
- *I do not prescribe long term narcotic medications outside of oncology/palliative care situations*
- *I do not prescribe long term benzodiazepine medications (ex. lorazepam, clonazepam)*
- *I do not prescribe long term sedative hypnotic medications (ex. zopiclone, zolpidem)*

If you would like to become a patient of Dr. Dunlop’s then please sign this agreement and book your first periodic health exam at your earliest convenience. Your chart will be completed at this appointment and age appropriate screening will be recommended at this exam.

Signature:_____ Date:_____

AFFIX PATIENT LABEL

McKenzie Family Practice - Dr. Robert Dunlop

MEDICAL HISTORY FORM

How did you hear about this clinic?
Describe briefly any present symptoms:
Please list the name/specialty of other practitioners you are currently seeing:

MEDICAL HISTORY		
Do you now or have you ever had:		
❑ Diabetes	❑ Asthma/COPD	❑ IBD/Colitis
❑ High blood pressure	❑ Pneumonia	❑ IBS
❑ High cholesterol	❑ Epilepsy (seizures)	❑ Hepatitis/Jaundice
❑ Kidney disease _____	❑ Stroke	❑ Stomach Ulcer
❑ Heart problems _____	❑ Depression	❑ Autoimmune_____
_____	❑ Anxiety	❑ STI
❑ Cancer _____	❑ Other Mental Health	❑ HIV/AIDS
Other medical conditions (please list):		

Surgical History		
Name of Surgery	**Name of Surgeon and Hospital**	**Year of Surgery**
1.		
2.		
3.		
4.		
5.		
6.		
7.		

CURRENT MEDICATIONS

Drug allergies: ❑ No ❑ Yes To what?

Please list any medications that you are now taking. Include non-prescription medications & vitamins or supplements:

Name of drug	**Dose (include strength & number of pills per day)**	**How long have you been taking this?**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PERSONAL/SOCIAL HISTORY

Where were your born & raised?

Do you or have you ever smoked? For how long? How many cigarettes daily?

Do you drink alcohol? How many drinks in an average week? Do you think it's a problem?

Do you currently use any recreational drugs? Have you ever used injectable drugs?

What is your education? ❑High school ❑Some college ❑College graduate ❑Advanced degree

Marital status: ❑ Single ❑ Married/Common Law ❑ Partner ❑ Divorced/Separated ❑ Widowed

Are you sexually Active? _____ Multiple Partners (last year)? _____ Partners are Male/Female/Both? _____

What is your current or past occupation?

Are you currently working? : ❑ Yes ❑No If not, are you ❑ retired ❑ disabled ❑ sick leave?

FAMILY HISTORY

	IF LIVING		**IF DECEASED**	
	Age (s)	Health & Psychiatric	Age(s) at death	Cause
Father				
Mother				
Siblings				
Children				

SYSTEMS REVIEW

In the past month, have you had any of the following problems?

GENERAL
- ❑ Recent weight gain; how much____
- ❑ Recent weight loss: how much____
- ❑ Fatigue
- ❑ Weakness
- ❑ Fever
- ❑ Night sweats

MUSCLE/JOINTS/BONES
- ❑ Numbness
- ❑ Joint pain
- ❑ Muscle weakness
- ❑ Joint swelling

Where?

EARS
- ❑ Ringing in ears
- ❑ Loss of hearing

EYES
- ❑ Pain
- ❑ Redness
- ❑ Loss of vision
- ❑ Double or blurred vision
- ❑ Dryness

THROAT
- ❑ Frequent sore throats
- ❑ Hoarseness
- ❑ Difficulty in swallowing
- ❑ Pain in jaw

HEART AND LUNGS
- ❑ Chest pain
- ❑ Palpitations
- ❑ Shortness of breath
- ❑ Fainting
- ❑ Swollen legs or feet
- ❑ Cough

NERVOUS SYSTEM
- ❑ Headaches
- ❑ Dizziness
- ❑ Fainting or loss of consciousness
- ❑ Numbness or tingling
- ❑ Memory loss

STOMACH AND INTESTINES
- ❑ Nausea
- ❑ Heartburn
- ❑ Stomach pain
- ❑ Vomiting
- ❑ Yellow jaundice
- ❑ Increasing constipation
- ❑ Persistent diarrhea
- ❑ Blood in stools
- ❑ Black stools

SKIN
- ❑ Redness
- ❑ Rash
- ❑ Nodules/bumps
- ❑ Hair loss
- ❑ Color changes of hands or feet

BLOOD
- ❑ Anemia
- ❑ Clots

KIDNEY/URINE/BLADDER
- ❑ Frequent or painful urination
- ❑ Blood in urine

Women Only:
- ❑ Abnormal Pap smear
- ❑ Irregular periods
- ❑ Bleeding between periods
- ❑ PMS

PSYCHIATRIC
- ❑ Depression
- ❑ Excessive worries
- ❑ Difficulty falling asleep
- ❑ Difficulty staying asleep
- ❑ Difficulties with sexual arousal
- ❑ Poor appetite
- ❑ Food cravings
- ❑ Frequent crying
- ❑ Sensitivity
- ❑ Thoughts of suicide / attempts
- ❑ Stress
- ❑ Irritability
- ❑ Poor concentration
- ❑ Racing thoughts
- ❑ Hallucinations
- ❑ Rapid speech
- ❑ Guilty thoughts
- ❑ Paranoia
- ❑ Mood swings
- ❑ Anxiety
- ❑ Risky behavior

OTHER PROBLEMS:

WOMENS REPRODUCTIVE HISTORY:

Age of first period:
Pregnancies:
Miscarriages:
Abortions:
Have you reached menopause? Y / N At what age?
Do you have regular periods? Y / N