

PATIENT INFORMATION SHEET

Patient Name: _____

Sex: M / F

Patients' Birthdate: ____/____/____
 month / day / year

Age: _____

Address: _____

_____ (please include postal code)

Home Phone #: (____) ____ - _____

Cell Phone #: (____) ____ - _____ Carrier (ex. Fido, Rogers): _____

E-mail address: _____

**In the near future we will begin to send email/text message reminding you of your appointment.
Please circle all the ways you would like to be reminded.**

Patient Cell

Patient Email

Both