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I would like to welcome you to my office!

Please take the time to fill in this questionnaire:

Last name: _____

First name: _____

Date of birth: _____

Home phone no.: _____

Cell/pager no.: _____

Work no.: _____

Full Address: _____

Health Card no.: _____

Doctor who referred you: _____

E-mail address: _____

PLEASE ADVISE THE NURSE IF THERE ARE ANY CHANGES IN THE ABOVE INFORMATION IN THE FUTURE