

DR. SUNNY LAI

Tel: 604-435-3055 Fax: 604-435-7612

Email: drsunnylaiform@gmail.com

Intake Form

Welcome to the office!

Name (Last)..... (First)..... (Middle).....

Address.....

City..... Postal Code.....

Phone (Home)..... (Work)..... (Cell).....

Who referred you to our office?.....

Your occupation.....

Family doctor..... City..... Phone

ONLY check off, if you HAVE the following medical problems:

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of smoking |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Circulation Problems | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Artificial Joint/Pace maker | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Blood Thinners |
| <input type="checkbox"/> Other..... | |

What medications are you taking?.....

What is your surgical history?.....

Allergies to Medications?.....

Height..... Weight.....

☐ I understand that podiatry services are not covered by MSP. I am responsible for payment for services rendered.

Signature..... Date.....