



Suite 200, 10140 – 117 Street
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www.StraticaMedical.com

Last Name: _____ Legal First Name: _____

Mailing Address: _____ Male Female

City: _____ Province: _____ Postal Code: _____

Text Message Reminder (SMS)? Yes No Cell Phone: _____

Home Phone: _____

Date of Birth: Day: _____ Month: _____ Year: _____ Occupation: _____

Health Care Number: _____
Or
Military Service Number: _____

Do you have allergies? (ex. Medication, Latex etc.) No Yes -- Please list below

Do you regularly take any prescribed medications? No Yes -- Please list below

Do you have any health conditions (ex. high blood pressure, cholesterol, depression, thyroid, or any other health condition?) No Yes -- Please list below

Which of the following best describes how you pay for prescriptions:

- I have coverage through a life insurance company (Manulife, Great West Life, Sun Life, etc.)
- I have coverage through Blue Cross, Alberta Seniors' plan, Alberta School Employee Benefit Plan
- I have coverage through Treaty, Social Assistance, or Child Benefit.
- I pay the entire cost of prescriptions myself, or my family must pay the entire cost

Please list all treatments that you have used for this skin problem: (try to remember the brand names)

Please Note: There Will Be a \$25 No Show Fee For Missed Appointments