A. GENERAL INFORMATION

Date of first visit (dd/mm/yy) _____ /_____/_____

Family name _____ **First name** _____

Address _____
NO. STREET APARTMENT NO.

_____
CITY PROVINCE. COUNTRY POSTAL CODE

Telephone no. (HOME) _____ (WORK) _____

Cell phone no. _____ **E-mail** _____

Would you like to receive the Clinique Sinocare Inc. newsletter by e-mail? Yes ( ) No ( )

Date of birth (dd/mm/yy) _____ **Sex** M ( ) F ( ) **Height** _____ **Weight** _____

Marital status MARRIED ( ) LIVING WITH SOMEONE ( ) DIVORCED ( ) SEPARATED ( ) SINGLE ( )

Profession _____ **Profession of spouse** _____

Referred by (please circle the answer)**:** **A.** FRIEND; **B**. FAMILY MEMBER; **C**. COLLEAGUE; **J**. INTERNET;

I. YELLOW PAGES; ADVERTISEMENT IN **S**. CREATING FAMILY, **T**. HEALTH TIME;

E, OTHER PUBLICATION _____; **M**. OTHER _____;

O. MCGILL REPRODUCTIVE CENTRE; **P**. OVO CLINIC; **Q**. MONTREAL FERTILITY CLINIC; **R**. PROCREA.

Your doctor's name, if referred by one of above clinics _____

K. OTHER HEALTH PROFESSIONALS: NAME _____ Clinic name _____

Address/Location _____ Tel. no. _____

B. CONSENT (Please initial in space provided below.)

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Cancellation policy: I understand that all appointments have to be canceled 24 hours in advance or a $30 charge will be applied. _____

Sharing of patient file information among practitioners: I agree to allow my file be shared among practitioners in Clinique SinoCare Inc., when the clinic deems it necessary to do so. _____

Purchasing herbal products and supplements: I understand that the quoted price for an acupuncture treatment includes the prescription of herbs. The cost for a herbal medicine consultation and prescription alone is $25. _____

I understand that taking herbs and/or supplements, or purchasing any products from the clinic, is entirely optional. I understand that all alternative sources will be presented to me, and the potential benefits of herbal products will be explained to me. _____

Confidentiality: I agree not to disclose the clinic's internal operation to any third party without prior written authorization from the clinic. _____