

*Dr. Josef. Goncalves*  
LTD

## **PATIENT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Guardian if under 18 years old: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

To receive our monthly specials, please provide email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

### **How did you hear about us?**

- Friend? Name: \_\_\_\_\_
- Publication? Name: \_\_\_\_\_
- Physician? Name: \_\_\_\_\_
- Website
- Brochure in treatment room
- Walking through the Hallway
- Recording on hold

### **Confirming Appointments**

When we make, a reminder call before an appointment, is it OK to leave a message on an answering machine or with the person who answers, if it is not yourself?

- YES Signature: \_\_\_\_\_
- NO

**Please note:** We do charge a \$20 fee for missed appointments (excluding those which require deposits). Please initial: \_\_\_\_\_