77 Towerhill Road, Peterborough, ON
K9H 7N3
(705) 745-4122 (phone)
(705) 745-5989 (fax)
www.kpp.ca

GENERAL MEDICAL INFORMATION

NOTE TO PHYSICIAN:

The information you provide will assist us in developing appropriate support services for your patient
This report will remain confidential. Please give completed form to your patient to mail to:

SUPPORT SERVICES MANAGER
Kawartha Participation Projects
77 Towerhill Road
Peterborough, Ontario K9H 7N3

THANK YOU FOR YOUR KIND COOPERATION

PHYSICIAN INFORMATION

PHYSICIAN NAME: Last _____ First _____ Middle _____

ADDRESS: _____
Number Street

_____
Street (cont'd) City Postal Code

PHONE NUMBER: _____

PATIENT - GENERAL INFORMATION

PATIENT NAME: ☐ Mr. / ☐ Mrs. / ☐ Ms. / ☐ Other _____

Last _____ First _____ Middle _____

ADDRESS: _____
Number Street

_____
Street (cont'd) City Postal Code

PHONE NUMBER: _____ DATE OF BIRTH: _____

HEALTH CARD NUMBER: _____

Patient Name:_____ Patient D.O.B._____

PATIENT MEDICAL INFORMATION

PRIMARY DIAGNOSIS: _____

Status of Condition: ☐ stable ☐ improving ☐ deteriorating ☐ uncertain

ANY OTHER RELEVANT DIAGNOSES/CONDITIONS: _____

_____

MEDICATIONS

Name of Medication	Dosage	Most Recent Date Reviewed by Physician
1.		
2.		
3.		
4.		
5.		
6.		

THERAPY OR CURRENT TREATMENT ***(Please describe)***

_____

_____

_____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY

Is the patient

☐ wheelchair user ☐ legally blind

☐ emotionally unstable ☐ psychologically impaired

☐ subject to seizures ☐ hearing impaired

☐ mobility impaired ☐ drug/alcohol addicted

Other *(please explain)* _____

_____

Patient Name:_____ Patient D.O.B._____

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PATIENT MEDICAL INFORMATION (cont'd)
PHYSICAL EXAMINATION

	Remarks
Hearing	
Vision	
Chest X-ray	
Allergies	
Head and Neck	
Respiratory	
CVS	
GI and GU	
Back and Extremities	
CNS	
Care	
Treatment	
Additional Information	

_____ _____

Date of Exam **Physician Signature**