

DR. PETER (CHING SANG) LEE, M.D., F.R.C.P.C*

CLINICAL IMMUNOLOGY AND ALLERGY, INTERNAL MEDICINE

Date of Visit:

Preferred Name: *(if different from name on CareCard)*

↓ Legal Name *(as it appears on your Care Card for billing)*

Last:

First:

Middle:

Date of Birth:

Health Care #:

Mailing Address:

Legal Sex on CareCard: ☐ M ☐ F

*If you identify outside of your biological sex,
please specify:*

☐ M to F transgender ☐ F to M transgender

Email Address:

☐ Other:

Primary Phone #: *Is this a cell phone?* Yes ☐ No ☐
(automated reminder calls will go to this number)

Secondary Phone #: Cell ☐ Work ☐ Other ☐

Legal Guardian(s): *(if patient is under the age of 19)*

Name: _____ Relation _____ Phone #: _____

Name: _____ Relation _____ Phone #: _____

Referring Physician:

Family Physician:

Main Concerns:

Current Medical Illness: *(Please check off all that apply)*

High Blood Pressure ☐

High Cholesterol ☐

Cancer ☐

Depression ☐

Anxiety ☐

Bipolar Disorder ☐

Hypothyroidism ☐

Sleep Apnea ☐

Deviated Septum ☐

GERD ☐

Asthma ☐

COPD ☐

Eczema ☐

Psoriasis ☐

Diabetes ☐

Other:

Current Medications: *(there is space for VITAMINS and SUPPLEMENTS on other side)*

Vitamins and Supplements:

Known Allergies to Medications:

Other Known Allergies: *(this includes food, environmental, insects, contact allergies etc.)*

Family History: *Please indicate which family member(s) it is for each condition checked off. This includes first- and second-degree blood relatives (parents, grandparents, siblings, children, aunts/uncles, cousins).*

Environmental Allergies ☐ _____

Food Allergies ☐ _____

Drug Allergies ☐ _____

Asthma ☐ _____

Eczema ☐ _____

Diabetes ☐ _____

Cancer ☐ _____

Heart Disease ☐ _____

Other:

Occupation:

Do you have pets at home? If yes, what kind?

If you smoke, how often and how much do you smoke?

☐ Tobacco

☐ Cannabis

If you drink, what is your average alcohol consumption per week:

Have you ever been stung by a wasp or bee before?

If yes, what kind of symptoms did you have?

☐ Yes

☐ No

Surgeries (under general anesthetic) from the past 10 years: