Maple Kidz Clinic
Merchant Medicine Professional Corporation
955 Major Mackenzie Dr. West, Suite 110
Maple, ON L6A 4P9
tel 905.303.0304 fax 905.303.3035

Dr. Saba Merchant, MD, FRCPC
& Associates

Patient's Name _____ Birth Date _____
Address _____ Home Phone _____
City _____
Postal Code _____ Health Card _____

Parent's Name _____ Age _____ General Health _____
Occupation _____
Work # _____ Cell _____ Email _____

Parent's Name _____ Age _____ General Health _____
Occupation _____
Work # _____ Cell _____ Email _____

Sibling's Names _____ Age _____ General Health _____
_____ _____ _____
_____ _____ _____

Family History (Please indicate presence of any of the following in immediate family)

- ☐ Birth Defects
- ☐ Heart Defects
- ☐ Thyroid Disease
- ☐ Diabetes (children or young adult)
- ☐ Cancer in Childhood
- ☐ Arthritis in Childhood
- ☐ Learning Disabilities
- ☐ Thalassemia
- ☐ Sickle Cell Disease
- ☐ Cystic Fibrosis
- ☐ Asthma
- ☐ Allergy or Eczema
- ☐ Scoliosis
- ☐ ADHD
- ☐ Celiac Disease
- ☐ Crohn's Disease/Colitis
- ☐ Peptic Ulcer
- ☐ Muscular Dystrophy
- ☐ Seizures
- ☐ Kidney Disease
- ☐ Intellectual Disability

Briefly explain any of the above:

Medical History			
Pregnancy	Delivery	Maturity	Birth Weight:
☐ Normal ☐ Complicated ☐ ☐	☐ Vaginal ☐ C-Section ☐ Suction ☐ Forceps	☐ Term ☐ Premature	_____ (Weeks)

Illness when first born:

Previous serious illness (including hospitalizations or surgeries):

Allergies to medications:	
Other allergies:	