



**PAYWAND Medical Centre**  
Walk-in & Family Practice  
3905 Major Mackenzie Dr W. Unit 113  
Vaughan, ON. L4H 4J9  
Tel: (289) 304-4666

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**Patient Information:**

Last Name:..... First Name:.....

Date of Birth:..... Gender.....M.....F.....

Address:..... City:.....

Post Code:.....Home Tel:.....Cell:.....

Health Card No.:.....VC:.....Exp Date:.....

Email:..... Opening Date:.....

How did you hear about us? .....

Emergency Contact: Tel:.....Name:.....Relation:.....

**Health Information:**

Reason for visit:.....

Allergies:.....

Current medications:.....

Any ongoing medical conditions:.....

Family Physician Name:.....

Signature:..... Date:.....

**NO NARCOTICS OR CONTROL SUBSTANCES PRESCRIBED IN THIS CLINIC**