

# Reason for Visit

## Patient Information

Name

First Name

Last Name

Phone Number

Email Address

Address

Street Address

Postal Code

City

## Reason for Visit

What is the primary reason for your visit? In your answer, please briefly outline the medical concerns you currently have.

Are you looking for a renewal for an opioid, ADHD medication, or sedating medication (eg. Benzodiazepines)?



Note: This form is for **demonstration purposes** only.

For more information on utilizing this form for clinical use, [sign up here](#) or [contact us](#) to see how we can help