



Request for a Family Doctor or Nurse Practitioner

Complete this form if you do not have a family doctor or nurse practitioner.

Complete this form if your doctor or nurse practitioner is not close by.

Please fill out one form for each family member.

Name _____ Healthcard # _____

Date of Birth _____ Phone # _____

Address _____ Male or Female: _____

Who was your last doctor or nurse practitioner and when did you last see him/her?

Reason for appointment/special needs (please check all that apply):

Diabetes Management ___ Addictions ___ Cancer/Receiving treatment ___

COPD ___ Dementia/Alzheimer's ___ High Cholesterol ___

Heart Disease ___ Mental illness ___ Pregnancy ___

Disabled- reason _____ Organ transplant ___ Thyroid Condition ___

Kidney Disease ___ High Blood Pressure ___ Taking Coumadin ___

Other _____

None apply ___

List of Medications that you are currently taking (or attach a list):

Comments:

Please sign here:

Signature

Today's Date

Please return completed forms to the Community Health Centre by mail, fax or by dropping it off.

Mail or Drop off to:

South East Grey Community Health Centre

PO Box 360, 55 Victoria Street, Markdale ON N0C 1H0

Fax: 519-986-3999

For Office Use Only

MD/NP Signed: _____

Date of initial office visit: _____