



197 Talbot Street West, Suite 101
Leamington, Ontario, N8H 1N8
PH: 519-322-1100 FAX: 519-322-2055

REQUEST TO BE A PATIENT FORM

This is only a request. The Family Health Team must contact you and you must be seen by a physician before you become a patient. This could be a long process depending on patient vacancies.

Date: _____

First Name: _____ Last Name: _____

Birth Date: _____ Sex: M ___ F ___ Phone #: _____

Health Card # _____ Version code: _____

Address: _____

Town: _____ Postal Code: _____

Referred by: _____ Current/Last Physician: _____

Names of other family members interested in joining the Family Health Team:

Relationship: _____ Name: _____ DOB: _____
Health Card # _____ Version code: _____

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Health Card # _____ Version code: _____

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Health Card # _____ Version code: _____

Relationship: _____ Name: _____ DOB: _____
Health Card # _____ Version code: _____

Additional health information, for example, past medical problems and surgeries:

Current Medication List:

