

Name: _____ Date of Birth: _____

Address: _____ City: _____

Phone number: _____ Email address: _____

Health card number (optional): _____

Preferred language: _____ Do you require an interpreter? Yes No

Have you had a family doctor before? Yes No

If yes, family doctor's name: _____ Clinic name: _____

Do you experience any barriers to accessing a doctor? Yes No

If yes, please select

language transportation phone access internet access

unsure how to find a doctor no health card

other (please explain)

Any health concerns we should know about:

Do we have your consent to contact you? Yes No

If yes, best way to contact you: _____

Referral source/completed by: _____