

REGISTRATION FORM

Georgina NPLC Chart # _____

The Georgina Nurse Practitioner Led Clinic

152 High Street, Suite 104 Sutton West ON, L0E 1R0

(905) 722-3251

Surname: _____ Given Names: _____

Do you currently have a Doctor or Nurse Practitioner in Georgina? ___ Yes ___ No Whom? _____
(Please be advised that you would have to give up this provider to be a patient at the Georgina NPLC.)

Birth Date: (YYYY,MM,DD) _____

Health Card #: _____ Status Card # _____

Phone Number: (home) _____ (Work) _____ (Cell) _____

Address: _____

Gender: Male Female Language(s) _____

Please complete for all clients with a legal guardian and for all children less than 16 years of age

Primary Guardian: _____ Relationship: _____

Phone Number: (home) _____ (Work) _____ (Cell) _____

Address: (if different from client) _____

Alternate Guardian: _____ Relationship: _____

Address: _____

Allergies: _____

Pharmacy: (Name and location) _____

Medication (name, strength, frequency)	Reason for Taking Medication

In general, how would you describe your health: excellent very good good fair poor

Please describe where you have been receiving health care over the last 2 years (please include the names and address of providers, clinics, and agencies if known): _____

Please briefly list your health concerns (please include a date your health concern started, if known):

Where did you hear about the Georgina Nurse Practitioner Led Clinic? _____