



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 you physically live in Southgate, Grey Highlands or Chatsworth Township.

Please fill out one form for each family member.

Name _____

Healthcard # _____

Date of Birth _____

Male or Female: _____

Address (Street) _____

Address Town: _____

Municipality: _____

Telephone #: _____

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 Avenue, Markdale ON N0C 1H0

Fax: 519-986-3999