

If you wish to be placed in the practice of a family physician within the Oshawa Clinic Group, please complete the questionnaire below.

The physician will not provide house call or hospital visit services. All non-OHIP insured services (i.e. prescription repeats, medical notes, etc.,) requested by patients will be directly billed to the patient.

Name: _____

Date of Birth: _____ Health Card # _____

Address: _____

Phone Numbers: (Home) _____ (Work) _____

Allergies: _____

Medications: _____

Medical Conditions/ Concerns: _____

Do you currently have a family doctor? _____

Who was your previous family doctor? _____