

Please print clearly.

PATIENT DETAILS					
Last Name:					
First Name:		Middle Name:		Chosen Name:	
Date of Birth:				<input type="checkbox"/>	<input type="checkbox"/>
	DD	MMM	YYYY	Male	Female
					<i>Indicate sex per health card</i>
					<i>If different to sex</i>

Health Care No.		Province:		Expiry: (if any)	
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NOTE: Fees apply if a valid health care number and copy of valid Provincial Health Card are not provided at the time of your visit. Payment is to be made prior to seeing the doctor.

Permanent Mailing Address:				
	Street / PO Box	City/Town	Prov	Postal Code

Must correspond with the address registered with your Health Care Card.

Local Mailing Address:				
	Street / PO Box	City/Town	Prov	Postal Code

Contact Details:	Home Phone	Cell	Work
	Email Address		

NOTE: RMC uses email as a primary form of communication IF we cannot contact you via telephone. Please ensure your contact details are clearly noted and an email consent form has been signed.

<i>Are you interested in accessing the Patient Portal (Clinic patients only - not available for walk in patients)</i>	
Yes (Email address required above)	No

Emergency Contact:		
	Name	
	Phone	Relationship to Self (ie. Mother, Father, Brother etc.)

It is RMC office policy to charge patients that fail to arrive for their booked appointments. Patients will be invoiced based on appointment type. Subsequent appointments will not be booked until the account is settled. Late arrivals and cancellations with less than 24 hours' notice, may be considered missed appointments. Ridgeview Medical Centre operates under a zero-tolerance abuse policy. Abuse of physicians, staff or other patients will result in termination from the Clinic.

By signing below you acknowledge that you understand and agree to these terms.

Signature: _____ **Date:** _____

Please return completed form to the front desk with proof of identity and your Provincial Health Care card.

Brief Reason for today's visit (walk-in patients only): _____