Brock Community Health Centre

Everyone Matters

Request for a Primary Health Care Provider

Complete this form if you do not have a family doctor or nurse practitioner, or if your current provider is not close by. Please fill out one form for each family member.

Name: ____ Male or Female: ____________
Date of Birth: ____
Address: ____ Postal Code: _______________
Telephone: __________________________ Email: ____
Health Card #: _____________________________ Version Code: ______ Expiry Date: __________

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 __
COPD __
Heart Disease __
Disabled – Reason ____________________
Kidney Disease __
Addictions __
Dementia/Alzheimer's __
Mental Illness __
Organ Transplant __
High Blood Pressure __
Cancer/Receiving Treatment __
High Cholesterol __
Pregnancy __
Thyroid Condition __
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 form(s) to the Community Health Centre by mail, fax, or by dropping off to:

Brock Community Health Centre – Cannington
64 Cameron St. E, P.O. Box 69
Cannington, ON L0E 1E0
T: 705-432-3388 F: 705-432-3389

Brock Community Health Centre – Beaverton
Beaverton Thorah Health Centre
468 Main St. E., P.O. Box 279
Beaverton, ON L0K 1A0
T: 705-426-4636 F: 705-426-3330

For office use only
MD/NP Signed: ___________________________________ *Date of initial office visit:* ____________________