DR SEEGOBIN
MEDICAL CLINIC

Woodbridge - 905-303-0666 **Georgetown** - 905-877-9998

Ministry of Health and Long-Term Care
Microfilm use only

Ontario

Patient Enrolment and Consent to Release Personal Health Information

Please PRINT using black or blue ballpoint pen.

Collection of the information on this form is under the authority of the Ministry of Health Act, subsection 6(1) and (2) and the Health Insurance Act, R.S.O. 1990, c. H.6, s.4(2)(b) and (f), 4.1(1) and (2), 10 and 11(1). For information about collection practices, contact the Director, Registration and Claims Branch. Box 48. 49 Place d'Armes. Kingston ON K7L 5J3. INFOline tel. 1 888 218-9929 or by mail through the addresses listed for local Ministry of Health and Long-Term Care offices.

Section 1 - I want to enrol myself with the family doctor identified in Section 4

Last Name : First Name : Second Name :

Health Number : Version Code : Date of Birth : Sex : ☐ M ☐ F

Send notices form my family doctor's office to me by : ☐ Regular mail ☐ Email (if possible) Email Address :

Patient Name : DOB : Health Card:

Address:

Phone : Cell : Email:

Medical Problems : Current Family Doctor:

Allergies to Medications : Surgeries:

Current Medications :

Occupations : Martial Status:

Kids : Pets: ☐ No ☐ Yes

Smoking: Yes NO , How Much Alcohol : (Per Week , Per Month)

Mailing Address

Apartment No :
Street No. or P.O.Box :
City/Town :
Post Code :

Mailing Address

Apartment No :
Street No. or P.O.Box :
City/Town :
Post Code :