



DX MEDICAL CENTRES REGISTRATION FORM

(Please Print)

PATIENT INFORMATION					
Patient's Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Birth Date (DD//MM/YY):		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Provincial Health Care no.:		
Street address:		Home Phone no.: ()	Cell Phone No.:		
P.O. box:	City:	Province:	Postal Code:		
Occupation:	Employer:		Employer phone no.: ()		
Chose clinic because/Referred to clinic by (please check one box):					
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Close to home/work <input type="checkbox"/> Internet (Google) <input type="checkbox"/> Other <input type="checkbox"/> Yellowpages					
Allergies : <input type="checkbox"/> None <input type="checkbox"/> Yes :					

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ()	Work phone no.: ()

PATIENT ADVISEMENT
<p>Patient Adviseement of Purpose of Collection of Health Information</p> <p>Please be advised the information above collected will be used for creating a patient file and billing purpose. The information is being collected under the authority of sections 20(b) and 21(1) the <i>Health Information Act</i>. The provisions of the <i>Health Information Act</i> protect your privacy and the confidentiality of your health information. The <i>Health Information Act</i> provides for sharing of patient information between healthcare providers when said sharing contributes to the continuing care and treatment of the patient.</p> <p>Dx Medical Centres is committed to providing a safe environment where the individual differences of all physicians, staff and patients are valued and respected. The clinic does not condone and will not tolerate any discrimination or harassing behavior that undermines the dignity, self-esteem and productivity of any physician, staff member or patient. Dx Medical Centres considers harassment and/or discrimination by any physician, staff or patient to be a serious breach of human rights, which requires immediate resolution. Such resolutions may include discharge from the clinic.</p> <p>Missed appointments and short notice cancellations results in inefficient use of the healthcare provider resources. In an effort to decrease the incidence of these occurrences, a fee is issued for any missed appointments and those appointments cancelled without 24 hours 'notice. Those patients who continuously miss appointments may be discharged from the clinic.</p> <p>_____</p> <p><i>Patient/Guardian signature</i> _____ <i>Date (dd/mm/yy)</i></p>