

Protea Medical Centre
682 Veterans Drive, Unit #2
Barrie, ON L9J 0H6

ONE FORM PER PERSON OVER 16

FULL NAME _____

NAME YOU PREFER TO BE CALLED _____

ONTARIO HEALTH CARD _____ VERSION CODE _____
EXPIRES _____

BIRTHDATE day/month/yr ____/____/____ AGE ____

ADDRESS _____

CITY _____ POSTAL CODE _____

HOME PHONE _____ BUS/CELL PHONE _____

EMAIL: _____

CURRENT MEDICATIONS (list all prescription & over the counter medicines, vitamins, minerals, herbs that you take): _____

Family Members under 16:

Name:	Health Card	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who referred you here? _____

Do you have a family doctor in Barrie? _____

You will be contacted for an appointment to meet the doctor on a first come first served basis. Please note that all subsequent appointments will be booked with Dr. da Silva or the Nurse Practitioner depending on the urgency of the appointment and availability of the service provider. Please expect to wait for up to one year to be called IF you are accepted into the practice.

By signing this document it is understood that acceptance into the practice is not guaranteed. We do not assume care until you have met with the doctor.

Name _____

Signature: _____

Date _____

Forms must be dropped off in person. We will not accept faxed or emailed forms.