



PATIENT PROFILE – WAITING LIST APPLICATION

The Niagara North Family Health Team will be accepting patients as openings become available within individual physician practices. We will contact you when a spot becomes available in the practice. **It is the policy of the physicians at the Niagara North Family Health Team that there will be no waiting list for gender specific physicians.** At the time of being contacted, you may choose to accept or decline the available physician. Please note if you choose to decline, you will no be put back on the waiting list. The Niagara North Family Health Team thanks you in advance for your patience and cooperation.

Patient Identification

Please print clearly and fill in all information!

Patient Name: _____

Birth date: (DD/MM/YYYY) _____ Gender: _____

Mailing address: _____

City: _____ Postal Code: _____

OHIP No: _____ Version Code: _____

Phone No: _____

Email Address: _____

Do you currently have a family physician? Yes / No

If you have answered NO to the above question, who has been providing your medical care for the time that you've been without a physician?

Immunizations:

1. Date of last Tetanus/Diphtheria booster? _____

2. Have you received Pneumovax? Yes/ No

3. Have you received Hepatitis B Vaccination? Yes/ No

4. Last TB skin test _____ Result: Positive / Negative

ATTN: Please turn over for page 2

Medical Information

Current Medical Issues:

Illness	Date of Diagnosis	Name of Specialist

Past Medical Issues:

Illness/ Surgery	Date of Diagnosis	Name of Specialist

Current Medication(s):

Medication	Dose	Frequency	Prescribed When?

Family History

Family Member	Major Illness	Deceased Yes/No	Cause of Death

Allergies:

Allergy	Type of reaction	Last occurrence