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 Website: www.greengatemedical.ca

**Please Note: Information herein will be shared amongst all physicians/nurse practitioners who are accepting patients.**

At present, we have a limited ability to take on new patients. This status fluctuates from week to week, and we will contact you if we are able to accommodate you/your family. Please do not contact our office regarding this application. Because of the number of forms received, it will not be possible to contact everyone. If you have not been contacted by this office within 3 months, it means we are not accepting new patients and this form will be destroyed in keeping with the personal health information protection act.

Patient Name:

Name As It Appears On Health Card If Different From Above:

Address

Postal Code

Home Phone Incl Area Code

Cell/Business Phone Incl Area Code

DOB

Gender

Email Address

Health Card Number

Version Code

Expiry

Emergency Contact: (Name, Relationship, Phone)

Name Of Last Doctor / Practitioner

Address

Date Of Last Visit

List Medical Problems: (This Is Optional, And Will Not Be Used As A Screening Tool)

Current Medications

Allergies

Date

Signature