

# CAPREOL NURSE PRACTITIONER-LED CLINIC

49 Young Street

Capreol, ON P0M 1H0

Telephone: 705-858-8787 / Fax: 705-589-3018

## REGISTRATION FORM

### Information (Please Print)

Last Name:

Given Names:

Birth Date: (yyyy,mm,dd)

Health Card #:

Phone Number:

home

work

cell

Address:

Street Number

Street

Apt (if applicable)

City

Ontario, Canada

Postal Code

Gender:

Language (preferred):

Please complete below for all clients with a legal guardian and for all children less than 16 years of age:

Primary Guardian:

Relationship:

Phone Number:

home

work

cell

Address:

Street Number

Street

Apt (if applicable)

City

Ontario, Canada

Postal Code

Please describe where you have been receiving health care over the last two years:

In general, how would you describe your health:

excellent

good

poor

very good

fair

Allergies:

**REGISTRATION FORM (continued)**

List Health Conditions and/or Health Concerns (please include a date your health concern started if know):

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Please list any surgical procedures you have had in the past:

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Medication (name, strength, frequency)

Reason for Taking Medication

e.g. Tylenol 500mg 3x/day

For arthritis pain

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**Providing false information may result in discontinuing the nurse practitioner-client relationship.**

Please verify all information on this form is correct by providing your signature below.

Signature:

Date:

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*Upon completion of forms for more than one family member, please submit together.*