



HALIBURTON FAMILY MEDICAL CENTRE
Box 870, Haliburton, Ontario K0M 1S0
TEL: (705) 457-1212 FAX: (705) 457-3955

MINDEN MEDICAL CENTRE
Box 700, Minden, Ontario K0M 2K0
TEL: (705) 286-2500 FAX: (705) 286-2022

Dr. N. Bottum Dr. R. Heyes Dr. T. Stephenson Dr. A. Conway Dr. M. Armstrong Dr. S. Ferracuti Dr. K. Gammon
Dr. S. Coles Dr. N. Cossons Dr. B. Varty Dr. J. Dawson Dr. D. Beattie Dr. J. Suke Dr. N. Thomas
Nurse Practitioners: K. McLaughlin V. Meraw S. Robinson

NEW PATIENT REQUEST

Last Name _____ First Name _____

Mailing Address _____

City _____ Postal Code _____ Date of Birth: (D) ____ (M) ____ (Y) ____

Health Card No. _____ Version Code (letters at the end) _____

Home Phone () _____ Work No. () _____ Cell Number: _____

Email Address _____

Family Members (who also need a local healthcare provider);

Name & Relationship	Health Card Number	Date of Birth

Do you have a family doctor? Yes NO

If you answered **Yes**, please give the name of your current physician: _____

Date last seen: _____

**IF YOU DO NOT HAVE A FAMILY PHYSICIAN WE ASK THAT YOU CALL HEALTHCARE
CONNECT AT 1-800-445-1822 OR VISIT THEIR WEBSITE AT:
<http://www.health.gov.on.ca/en/ms/healthcareconnect/public/>**

Patient Signature: _____

Date: _____

For office use only: ER Yes No Other (Medical Centre)