



Family Doctor Wait List

Date of request (today): _____

Last Name: _____ First Name: _____

Health Card #: _____

Primary Contact #: _____

Additional Contact #: _____

Date of Birth: _____

Street Address: _____

City: _____ Postal Code: _____

Do you currently have a family doctor (please circle): **YES** **NO**

If Yes, where is your family doctor: _____

Other family members in the same household requesting a doctor:

Name	Date of Birth	Health Card #

For Administration Use Only

Book with Doctor: _____

Date called to book: _____

Booked **N/A** **Left Message**