

# Orchid Medical Centre FHO – New Patient Intake Form

## Patient Information

First Name	Last Name	Date of Birth
Address		
City	Province	Postal Code
Home Phone	Work Phone	Mobile Phone
Email		
Health Card #	Version Code	Expiration

## Emergency Contact

Name	Number	Relation
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## General Clinic Policies

Valid health card must be presented at each visit.

Patients with expired/voided/not valid health cards are required to pay a deposit in order to be seen by the doctor. **Deposits are refundable with proof of valid health coverage and original receipt within 30 days.**

Valid health cards are accepted from all other provinces except Quebec.

Fees apply with each visit for patients from Quebec or outside of Canada.

Some services are not covered by OHIP. Fees applicable at time of service.

**24 hours notice is required for canceling or rescheduling appointments or a \$40 fee may apply.**

Orchid Medical Centre will not disclose any personal/health information to any third party without prior consent.

**We do not accept prescription requests over the phone. Refill requests must come directly from the pharmacy and may take up to 3 days to be filled.**

**Pain management and controlled substance prescriptions can only be refilled by coming to see the doctor. We will not accept pharmacists requests.**

If it has been greater than 6 months since previous visit, an appointment is required for prescription renewal.

Medical and health information will NOT be given over the phone without explicit instruction from a doctor.

Appointments will only be scheduled with your own doctor at the clinic unless specified by the physician for specific types of treatments.

Doctor switching is not permitted within the clinic (exception may be made one time only).

Verbal abuse or mistreatment of staff will not be tolerated.

Patients may be released from care by the clinic for chronic disruptive behaviour: regular mistreatment of staff, frequently missing and/or canceling appointments on short notice, uttering threats, etc.

**By signing below you are verifying you have read, understand and agree to adhere to the established clinic policies listed above.**

Signature	Date
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