

**\*\*PREFERENCE WILL BE GIVEN TO DEPARTING PHYSICIAN'S PATIENTS IN OUR CATCHMENT AREA\*\***

**TRENT HILLS FAMILY HEALTH TEAM - PATIENT REGISTRATION FORM**

**NAME:** First \_\_\_\_\_ Last \_\_\_\_\_

**DOB:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_  
\_\_\_\_\_

**Health Card Number:** \_\_\_\_\_

**Email Address: (very important)** \_\_\_\_\_

**Previous Patient of:** Dr. Henderson      Dr. Tisher      Dr. Jamieson  
(circle one)

**Other: On waitlist/Healthcare Connect.** Yes. No.      **Other provider:** \_\_\_\_\_

**I am willing to Register with a Nurse Practitioner:**      Yes      No

**I prefer to be put on a waitlist for a new doctor:**      Yes      No  
(refer to letter for other options)

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**Medical Conditions (if known):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMAIL TO** [register@thfht.com](mailto:register@thfht.com)

**Office use only:** Date received \_\_\_\_\_ Reviewed by: \_\_\_\_\_ ACTP: \_\_\_\_\_