## **ESQUIMALT MEDICAL CLINIC**

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## Waitlist Registration Form for Dr. Grinder Brar

## \*PLEASE PRINT CLEARLY\*

Surname (as it appears on your Care (	Card):
Given Name(s):	Preferred Name:
Date of Birth: DDMMM	_YYYY Age:
Sex (as it appears on your Care Card):	: M / F Gender: M / F / T / Other:
Care Card Number (PHN):	
Address:	Postal Code:
Neighbourhood: 🗌 Esquimalt/Songh	hees/Victoria West 🛛 Other:
Phone (Home):	(Cell):
Email:	
	me:Phone:
Name of your previous family doctor,	r, and reason for seeking a new physician:
with high medical need may have the	ect your chances of being accepted as a patient; patients eir Meet and Greet appointments expedited):
	a waitlist application for Dr. Sarah Truelson?  Yes  No

## **Disclaimer:**

This form does not guarantee you a spot in Dr. Brar's practice. Patients on the waitlist will be called in the order that registration forms are received (unless triaged to high medical need).
You will only receive one phone call for booking a Meet and Greet appointment; if missed, it is your responsibility to follow up on this phone call in a timely manner to maintain your priority.
The office has a zero-tolerance policy towards harassment of any clinic physician or support staff. Any disrespectful behaviour towards staff will result in your removal from the waitlist.
Opening a new practice is a long process; it may be up to a year before we contact you. If your contact information changes in this period please alert us.