

# ESQUIMALT MEDICAL CLINIC

3-1153 Esquimalt Road, Victoria, BC, V9A 3N7 Phone: (778) 265-4305 Fax: (778) 265-4306

## Registration Form for NFP Group Medical Visit with

Dr. Cynthia Barco

**\*PLEASE PRINT CLEARLY\***

Surname (as it appears on your Care Card): \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: DD \_\_\_\_ MMM \_\_\_\_ YYYY \_\_\_\_ Age: \_\_\_\_\_

Sex (as it appears on your Care Card): M / F Gender: M / F / T / Other: \_\_\_\_\_

Care Card Number (PHN): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Would you like a summary of your visit sent to your family doctor?  Yes  No

If yes, what is your family doctors full name: \_\_\_\_\_

If they are not within the Vancouver Island Health Authority please provide their fax number: \_\_\_\_\_

Disclaimer:

-I understand that this registration form is only for the NFP Group Medical Visit (GMV) with Dr. Barco and that this visit will be in a confidential videoconference group setting using Zoom Healthcare with a maximum of 9 other patients at the set time and date.

-I understand that as a result of this registration form, I will **not** become a regular patient of Dr. Barco and **cannot** make further individual appointments with her outside of the particular GMV for which I am registered. For all other medical needs outside of those detailed in the intentions

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of the GMV and discussed during that particular visit, I will continue to consult my own family doctor or the most convenient Walk-in-medical clinic or Emergency Department.

-I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for the use of the selected electronic communication services more fully described in The Consent to Use Electronic Communications Form and Appendix found on the website at [esquimaltmedicalclinic.com](http://esquimaltmedicalclinic.com).

-Patients will be registered for the course in the order that the completed registration forms are received. If a course is full, you will be placed on a wait list for the next course.

-I will receive an email with instructions at least 48 hours prior to the course time and it is my responsibility to notify the office of any difficulties with respect to the instructions.

-I understand that if I am unable to attend the group medical visit appointment time and do not inform the office at least 2 days prior to the planned GMV, that I may be charged \$30 for a missed visit.

I Understand and Consent to the Above

Signed \_\_\_\_\_ on \_\_\_\_\_ (Date)