

ESQUIMALT MEDICAL CLINIC

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

Waitlist Registration Form for Dr. Sarah Truelson

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: _____

Neighbourhood: Esquimalt/Victoria West Other

Phone (Home): _____ (Cell): _____

Email: _____

Emergency / Alternative Contact Name: _____ Phone: _____

Name of your **previous family doctor**, and reason for seeking a new physician:

Medical Conditions (this will not affect your chances of being accepted as a patient; patients with high medical need may have their Meet and Greet appointments expedited):

Disclaimer:

- This form does not guarantee you a spot in Dr. Truelson'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.