



Microfilm use only

Patient Enrolment and Consent to Release Personal Health Information

Please PRINT using black or blue ballpoint pen.

Collection of the information on this form is under the authority of the Ministry of Health Act, subsection 6(1) and (2) and the Health Insurance Act, R.S.O. 1990, c. H.6, s.4(2)(b) and (f), 4.1(1) and (2), 10 and 11(1). For information about collection practices, contact the Director, Registration and Claims Branch, Box 48, 49 Place d'Armes, Kingston ON K7L 5J3, INFOline tel. 1 888 218-9929 or by mail through the addresses listed for local Ministry of Health and Long-Term Care offices.

Section 1 - I want to enrol myself with the family doctor identified in Section 4

Form for Section 1: Patient enrolment with family doctor. Includes fields for Last Name, First Name, Second Name, Health Number, Date of Birth, Sex, Mailing Address, and Residence Address.

Section 2 - I want to enrol my child(ren) under 16 and/or dependent adult(s) with the family doctor identified in Section 4

Form for Section 2: Enrolment of child or dependent adult. Includes fields for Last Name, First Name, Second Name, Health Number, Date of Birth, Sex, and Residence Address.

Form for Section 2: Enrolment of child or dependent adult. Includes fields for Last Name, First Name, Second Name, Health Number, Date of Birth, Sex, and Residence Address.

Section 3 - Signature

Section 3: Signature area. Includes a consent statement, checkboxes for signing on behalf of (myself, child, dependent adult), and fields for My Name, Signature, and Date.

Section 4 - Family doctor information

Section 4: Family doctor information. Includes name (Dr. Rachel Erskine, # 051921), organization (Frontenac Family Health Organization (BAF3)), and signature of the doctor.

Bottom section of the form with fields for Home Telephone No., Work Telephone No., Family Doctor's Signature, and Date.