

New Patient PS Chart Demographics Form

All fields are mandatory, except those stated as “optional”

Section 1: Full Name and DOB on OHIP Card

Surname:

First name:

Middle name:

Preferred name (optional):

Birthdate (day/mo/year):

Pronouns (optional):

Section 2: Other Information Required to Send Claim to MOH

Sex (only 2 options available with MOH): Female ☐ Male ☐

OHIP Card Number: _____
(ex. 1234 567 890 AT)

Expiry Date (day/mo/year):

Section 3: Contact Information

Address:

City:

Province:

Postal Code:

Email (to send medical information only):

Home Phone:

Mobile Phone:

Other Phone:

Best Contact Phone Number (select 1) Home ☐ Mobile ☐ Other Phone ☐

Section 4: HCP Provider Information

Current Family Doctor:

Requesting NBMC Family Doctor: Dr. Khaled Kudsi

Preferred Pharmacy Name and Address:

Name of parent/guardian for patient 15 yrs old or younger, POA, or other patient legal representative: