North Burlington Medical Centre
18-1960 Appleby Line Burlington ON L7L 0B7
Info: admin@northburlingtonmedical.com

Family Practice Clinic T: (905) 319 – 2000, option 1
Walk-In Clinic T: (905) 319 – 2000, option 2
FP online booking www.northburlingtonmedical.com

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 OR Dr. Richa Menghani

Preferred Pharmacy Name and Address:

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