

**Client Registration Form**

Forms may be submitted by fax, mail or in person

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Birth Date: (yyyy,mm,dd) \_\_\_\_\_  
 Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_ Expiry: \_\_\_\_\_  
 Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Language(s): \_\_\_\_\_

Emergency Contact / Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Address: \_\_\_\_\_

Please complete for all clients with a legal guardian, and for all children less than 16 years of age, if different than above:

Primary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Address: \_\_\_\_\_

Allergies: \_\_\_\_\_  
 Pharmacy: (Name and Location) \_\_\_\_\_

| <b>Medication (name, strength, frequency)</b> | <b>Reason for Taking Medication (Attach additional list if needed)</b> |
|---|--|
| <i>e.g., Tylenol 500mg, 3 times a day</i>     | <i>For arthritis pain</i>  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

In general, how would you describe your health:  excellent  very good  good  fair  poor

Are you currently under the care of any other primary care provider?  YES  NO

Please describe where you have been receiving health care over the last two years (please include the names and address of providers, clinics, and agencies if known):

\_\_\_\_\_  
 \_\_\_\_\_

Please briefly list your health concerns (please include a date your health concern started if known):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where did you hear about the Lakehead Nurse Practitioner-Led Clinic? \_\_\_\_\_

**By signing below, you agree that there have been no omissions or misrepresentations regarding your health history or current treatments. Failure to properly disclose your health status may result in an inability for the Lakehead NP-Led Clinic to meet your health care needs.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WHAT ARE YOUR HEALTH NEEDS?

Have you been waiting for a medical appointment?

**SEE A Nurse Practitioner!**

### A Nurse Practitioner can:

- Perform physical check-ups
- Diagnose and treat illnesses and/or injuries
- Order and interpret diagnostic tests (X-ray, blood work, ultrasound, etc.)
- Give Immunizations
- Screen for cancer and other conditions
- Prescribe medications and monitor chronic conditions
- Provide health teaching to manage your own health
- Make referrals to specialists
- Nutrition and Mental Health counselling through Dietitian and Social Worker
- Diabetes Management, Grief counselling, Anxiety, Depression, and many lifestyle health programs!

**All free & accessible to our patients!**

We offer twice-weekly walk-in clinics for our patients and same-day appointment bookings

## We Are Accepting New Patient Applications

The clinic provides comprehensive, accessible, and coordinated family health care services to residents of Thunder Bay who do not have access to another primary care provider. A collaborative practice approach is used which includes:

- Registered Nurses
- Registered Practical Nurses
- Registered Dietitian
- Social Worker
- Pharmacist
- Consulting Physicians

### **Do I still need to look for a Family Doctor?**

No. All primary health care needs are provided for our patients by their NP and the clinic's team of providers. We have a consulting physician on site every two weeks who will see patients who need specific physician services.

### **How can I become a patient with the Lakehead Nurse Practitioner-Led clinic?**

To register with the clinic flip this page over and return it to us, completed.