



New Patient Registration Form

****Please note that our doctors do not do WCB assessments
or complete any forms for walk in patients****

Last Name: _____

First Name: _____

Date of Birth (M/D/Y) _____

Gender: _____

Address, City and Postal Code:

Telephone Number: _____

Alberta Health Care #: _____

****For Out of Province Patients Only****

Health Care Number: _____

Out of Province

Address: _____

Have you permanently moved to Alberta? Yes No

If YES, have you applied for Alberta Health Care? Yes No

***Please note: if you have permanently moved to Alberta, your out of province health care card is only valid for 3 months. If your out of province health care is not valid, you will be responsible to pay for your visit. ***

Emergency Contact Information:

Name and Relationship: _____

Contact Number: _____

Our doctor may use secure, HIPAA-compliant software that helps record and write notes from your visit. This helps make sure your medical records are accurate.

Patient Signature: _____

Today's Date: _____