

**UWO Employee & Family Health Clinic
Room 2130, Thames Hall**

Patient Application and Registration Form

*Be sure to fill out a form for each eligible immediate family member (self, spouse, and child)

Surname: _____ First Name: _____ Initial: _____

Address: Street and Number: _____

City and Province: _____

Postal Code: _____

Home Telephone: _____ Cell Number: _____

Date of Birth (dd/mm/yy): _____ Sex: Male: Female: Non-binary

Billing Type: (example OHIP): OHIP Bill Direct UHIP Other

Provincial Health Insurance ID: _____

E-mail address: _____

Work Telephone: _____

Department Name & Address: _____

_____ *

May we communicate with you when needed at this e-mail address? Yes No

Emergency Contact: Please provide a name, telephone number and the persons relationship to you (i.e. husband, wife, friend) _____

If you work at UWO are you: Full time: Part time: Contract: **

contract must be at least 1 year in length

Do you currently have a physician in Ontario: Yes No:

Name of Physician: _____

Physician's Address: _____

* When you have completed this form, please mail to Room 2130 Thames Hall or fax to 226-636-6119 or email to fpclinic@uwo.ca