

(office use only)

Date Received _____

Community Stakeholders Committee for Health Professional Recruitment/ Retention

PHYSICIAN WAIT LIST FORM

Patients in Groves Memorial Community Hospital Catchment Area

PLEASE PRINT CLEARLY

PATIENT NAME:		
NAME AS IT APPEARS ON HEALTH CARD IF DIFFERENT FROM ABOVE:		
ADDRESS:		
POSTAL CODE:	PHONE with area code:	EVENING PHONE with area code:
DATE OF BIRTH:(Optional) Day: _____ Month: _____ Year: _____	M <input type="checkbox"/>	F <input type="checkbox"/>
ARE YOU REGISTERING YOUR SPOUSE/CHILDREN: YES _____ NO _____		
IF YES, NAMES: _____ _____ _____ _____ _____	BIRTHDATE: DAY/MONTH/YEAR _____ _____ _____ _____ _____	
NAME OF LAST FAMILY PHYSICIAN:		
ADDRESS:		
DATE OF LAST VISIT:		

Would be interested in seeing a Nurse Practitioner in the interim

yes no

PLEASE NOTE: These applications will be kept in confidence and made available to new physicians coming to the community and to other physicians taking new patients.
If you have not been called, it is an indication that no physician is available at this time.
Please do not call Groves Hospital for information.

DATE: _____ **SIGNATURE:** _____

MAIL TO: Community Stakeholders Committee
PHYSICIAN WAIT LIST
C/O Groves Memorial Community Hospital
235 Union St E
Fergus ON N1M 1W3