



**Patient Profile - please print clearly**

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Health Card Number \_\_\_\_\_ Version Code \_\_\_\_\_

Date of birth (dd/mm/yyyy) \_\_\_\_\_ Sex (circle): Male / Female

Address: Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Family Doctor or Referring Physician (if applicable) \_\_\_\_\_

Mother Name \_\_\_\_\_ Occupation \_\_\_\_\_

Tel. (1) \_\_\_\_\_ Tel. (2) \_\_\_\_\_

Father Name \_\_\_\_\_ Occupation \_\_\_\_\_

Tel. (1) \_\_\_\_\_ Tel. (2) \_\_\_\_\_

Sibling(s) Name Date of Birth

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

**EMERGENCY CONTACT**

\_\_\_\_\_  
Name Relationship to Patient Phone or Email

Best time for calling: 9:30 AM - 11 AM  11 AM - 1 PM  2 PM - 3:30 PM  3:30 PM - 5 PM



## PATIENT CONSENT TO COMMUNICATE BY EMAIL

I understand and accept that there are significant risks associated with email communications, including these:

- The privacy and security of email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep emails passing through their systems.
- Emails can be intercepted, forwarded, circulated, stored or even changed without the knowledge or permission of either the sender or recipient.
- Copies of an email may continue to exist, even after reasonable efforts to delete the email have been made.
- Someone other than me may send an email in my name, and this impersonation may not be detected by the recipient.
- Email may carry computer viruses that may damage computer data or software or disclose my information against my wishes.
- Email may be accidentally sent to an unintended recipient, or to many such recipients.
- Email may be disclosed to third parties or to the public, regardless of the intentions of the receiver or sender.

I understand and agree that if the clinic engages in email communication with me:

- I must not use email for medical emergencies or other time-sensitive matters. If I need immediate assistance or have a condition that appears serious or worsens rapidly, I must not rely on email. Instead, I should take other measures as appropriate, which may include seeking emergency services.
- The clinic may require that I follow additional rules for the use of email communication that it may set at any time. In addition, areas within the clinic and/or individuals working on behalf of the clinic may require that I follow additional rules that they may set at any time.
- The clinic may use or disclose my email and/or the information in it to people other than the intended recipient, for a variety of purposes—for example, to update my health records, and to permit others to assist in my care or in record-keeping.
- The clinic cannot guarantee that any particular email will be read and responded to within any particular time period.
- Neither the clinic nor those communicating on its behalf will be liable for any harmful consequence to me that may arise from the use of email.
- If I wish to withdraw my consent to communicate by email, I may do so at any time, but I must do so in writing and ensure all relevant email correspondents receive a copy of my withdrawal notice.
- If my email address changes, I shall promptly inform my email correspondents.
- If I feel there is an undue delay in response to an email I send, it is my responsibility to follow up.
- I must not email for patient appointment bookings or patient information requests. I will call the office for an appointment.

E-mail: \_\_\_\_\_

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

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