



Personal Information	First Name	Middle Name	Last Name
	Preferred Name	Gender	Date of Birth (DD/MM/YYYY)
	Street Address	City, Province	Postal Code
	Home Phone number	Cell Phone number	Email address
	OHIP number	Version code	Expiry Date (DD/MM/YYYY)
Emergency contact	Phone number	relationship	
Clinic Policies	Privacy Policy: All personal and health information is kept strictly confidential and secure at Maple Grove Medical Clinic. We understand the importance of protecting our patients' data and take the necessary steps to ensure its safety. To that end, we will never provide any medical or health information over the phone or via email, nor will we disclose any personal or health information to any third party without prior consent. We take our responsibility to protect our patients' data seriously and will continue to do so.		
	Cancellation Policy: The Maple Grove Medical Clinic understands that life can be unpredictable, and as such, enforces a strict cancellation policy to ensure that all patients have access to their health care provider. To ensure that all patients have the opportunity to receive the care they need, a 24 hour notice is required for ALL appointment cancellations. Failure to provide 24 hour notice will result in a cancellation fee being charged.		
	OHIP and Financial Policy: For all medical services, a valid OHIP card must be presented before each visit to receive medical care. If the OHIP card is expired, the patient will be required to pay for the appointment directly. For any medical services not covered by OHIP, payment must be made at the time of service.		
	E-mail Policy: The Maple Grove Medical Clinic is committed to providing our patients with the best possible care. To ensure that we are able to keep you informed of important updates, such as the arrival of yearly flu shots, we are considering using email or text communication for appointment reminders in the near future. To help us better serve you, please mark the appropriate box <input type="checkbox"/> Yes, I am happy to receive appointment reminders via email. <input type="checkbox"/> No, I do not want to receive appointment reminders via email.		
	Other: If you are experiencing any COVID Symptoms like Fever, Runny Nose, coughing etc., please do not come to the Clinic. This practice has a Zero Tolerance Policy towards aggressive behavior, physical and verbal abuse towards our Staff. Such behavior will not be tolerated and will be considered a criminal offense.		
	Name	Signature	Date