



P R I N C E E D W A R D
FAMILY HEALTH TEAM
A team approach to your good health

PATIENT ENROLMENT APPLICATION

The Prince Edward Family Health Team accepts new patients as openings become available within individual doctors' practices. Your completed application will be added to the waitlist and you will be contacted when an opening is available.

**Completed form to be dropped off or mailed to:
Prince Edward Family Health Team
35 Bridge St., Suite 1 Picton, ON K0K 2T0**

Please print clearly and fill in all information.

Date: _____

Applicant Last Name: _____ First Name: _____

Street Address: _____

Town: _____ Postal Code: _____

Phone Number: _____ Cell/alternative: _____

Male Female Date of Birth: _____ Health Card # _____

Name & Location of Current Family Doctor: _____

Preferred Service Location is: Picton Wellington

I am willing to accept services in: Wellington Picton

Name and relation of person filling out this form (if different from applicant): _____

Additional family members to be enrolled

Last Name: _____ First Name: _____

Male Female Date of Birth: _____ Health Card # _____

Relationship to you: _____

Last Name: _____ First Name: _____

Male Female Date of Birth: _____ Health Card # _____

Relationship to you: _____

Last Name: _____ First Name: _____

Male Female Date of Birth: _____ Health Card # _____

Relationship to you: _____

Last Name: _____ First Name: _____

Male Female Date of Birth: _____ Health Card # _____

Relationship to you: _____

The personal information on this form when filled out will only be used for the purpose of enrolling patients in the Prince Edward Family Health Team