Bancroft
Family Health Team

19 Oak St, Bancroft, ON, K0L 1C0
Tel: 613-332-1565 Fax: 613-332-0526
Email: newpatients@bancroftfht.com

Date: _____

NEW PATIENT REQUEST - PLEASE PRINT

I would like to be considered as a patient of the Bancroft Family Health Team. I understand that priority will be given to those who do not currently have a family doctor in the Bancroft area.

( ) I do not have a family physician
( ) My current family physician is _____

I would prefer a ( ) male ( ) female doctor ( ) no preference

Name: _____

Date of Birth: _____

Health Card Number: _____

Other Family Members to Include:

Name	Health Card#	DOB	Relationship to You

Full Mailing Address:

_____

_____

Day/Home Phone: _____

Cell Phone: _____

_____
Signature