



family medicine • walk-in • pharmacy

UPTOWN MEDICAL 2423
 Trafalgar Road Oakville, ON
 L6H 6K7 (T)
 289.813.4402 (F)
 289.813.4452 www.uptownmedical.ca

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	Mobile Phone Number	Email Address
	OHIP NUMBER	Version Code	Expiry Date (DD / MM / YYYY)
	Emergency Contact	Phone Number	Relation

CLINIC POLICY	PRIVACY POLICY	
	<p>All personal and health information is kept strictly confidential and secure. Uptown Medical is responsible for the privacy of all patient data and as such:</p> <p>(1) No medical or health information will be provided over the phone or via email.</p> <p>(2) Uptown Medical will NOT disclose any personal or health information to any third party (without prior consent).</p>	
	CANCELLATION POLICY	
	<p>Uptown Medical enforces a strict cancellation policy to maximize patient access to their health care provider.</p> <p>(1) 24 hour notice is required for ALL appointment cancellations.</p> <p>(2) A cancellation fee WILL be charged for all missed appointments without 24 hour notice.</p>	
	OHIP & FINANCIAL POLICY	
<p>(1) For all medical services: a valid OHIP card must be presented before each visit to receive medical care. In the event an OHIP card is expired, the patient will be billed directly for the appointment.</p> <p>(2) For all medical services not covered by OHIP, payment is required at the time of service.</p>		
EMAIL POLICY		
<p>Uptown Medical utilizes email for general communication purposes, ie. clinic updates, arrival of yearly flu shots, etc. Should Uptown Medical choose to use email communication for appointment reminders in the near future, we kindly ask that you mark the appropriate box so we can include your preference on your patient file.</p> <p><input type="checkbox"/> Yes, I am happy to receive appointment reminders via email.</p> <p><input type="checkbox"/> No, I do not want to receive appointment reminders via email.</p>		

Print Name	Signature	Date (DD / MM / YYYY)