

Fields marked with a red star (✱) are mandatory

✱ Last Name: _____ First Name: _____

✱ Date of Birth: ____/____/____
Day Month Year

✱ Sex: Female Male

✱ Address: _____
Number and Street

PHN: ✱ _____
Personal Health Number

City, Town or Community

✱ Telephone: _____
Home

Province

Work

Postal Code

✱ Email Address: _____

✱ Previous Family Physician: _____

✱ Preferred Region of new Physician (check one):

- Eastern Kings (Souris)
- Southern Kings (Montague)
- Queens (Charlottetown)
- Central Queens (Hunter River, Rustico)
- East Prince (Summerside)
- West Prince (Tyne Valley, O'Leary, Alberton, Tignish)

✱ Are you a new resident of Prince Edward Island?

- Yes
- No

✱ If yes, what was your previous province /country of residence?

Have you moved within Prince Edward Island?

- Yes
- No

Other family members living at the same address requiring a family physician:

1. Name: _____
Date of Birth: _____
PHN: _____ *(Personal Health Number)*
Sex: Female Male

2. Name: _____
Date of Birth: _____
PHN: _____ *(Personal Health Number)*
Sex: Female Male

3. Name: _____
Date of Birth: _____
PHN: _____ *(Personal Health Number)*
Sex: Female Male

4. Name: _____
Date of Birth: _____
PHN: _____ *(Personal Health Number)*
Sex: Female Male

5. Name: _____
Date of Birth: _____
PHN: _____ *(Personal Health Number)*
Sex: Female Male

Privacy Statement:

The personal information collected from you for the Patient Registry is collected for the purpose of assisting you to obtain a family doctor. The information will not be used for anything else and is collected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions about this collection of your personal information you may contact the Privacy and Information Access Coordinator at (902) 368-4942.