

Northern Neighbours
Nurse Practitioner-Led Clinic

NORTHERN NEIGHBOURS NURSE PRACTITIONER-LED CLINIC

Box 278, 102 Winnipeg Street, White River, ON, P0M 3G0

Tel: 807-822-2320, Fax: 807-822-2686

Client Registration Form

Forms may be submitted by fax, mail or drop off in person.

Surname: _____ Given Names: _____

Birth Date: (yyyy,mm,dd) _____

Health Card #: _____ Status Card # _____

Phone Number: (home) _____ (work) _____ (cell) _____

Address: _____

Gender: Male Female

Language(s): _____

Please complete for all clients with a legal guardian and for all children less than 16 years of age:

Primary Guardian: _____ Relationship: _____

Phone Number: (home) _____ (work) _____ (cell) _____

Address: _____

Alternate Guardian: _____ Relationship: _____

Phone Number: (home) _____ (work) _____ (cell) _____

Address: _____

Allergies: _____

Pharmacy: (Name and Location) _____

Medication (name, strength, frequency)	Reason for Taking Medication
e.g., Tylenol 500mg, 3 times a day	For arthritis pain

In general, how would you describe your health: excellent very good good fair poor

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Please describe where you have been receiving health care over the last two years (please include the names and address of providers, clinics, and agencies if known):

Please briefly list your health concerns (please include a date your health concern started if known):

Where did you hear about the Lakehead Nurse Practitioner-Led Clinic?
