

Waiting List Patient Information

Please complete and provide this form at the office front desk to be added to the patient waiting list.

Last Name:	
First Name:	
# of Dependants:	
Ages of Dependants:	
Do you have a Doctor?	
Name of Current Doctor:	
Address:	
Town/Postal Code:	
Home Number:	
Work Number:	
Cell Number:	
E-mail:	

- I wish to be a patient at the Claire Stewart Medical Clinic
- I wish to be a patient of: _____ (physician's name)
- I would like to be a patient of the first physician taking new patients