

Dr. Nicolaas van As

Family Practice

*126 - 704 Mara St
Point Edward On N7V1X4
(T) 519-813-9196
(F) 519-491-5272*

New Patient Application Form *(each family member needs a separate application)*

Surname

Given and Middle Name

Preferred Name if Applicable

Age

Identify As

Address (Apt Number if applicable)

City

Postal Code

Date of Birth

Health Card Number

Version Code

Home Phone

Mobile Phone

Email Address

**In order to process your application, ALL documents MUST be completed
Incomplete applications will NOT be processed.**

Please Review the Following Important Information

We request a valid email address be provided. Our office communication happens through various means of electronics methods. It is important we have updated and correct information on file. If you have a change to make, please contact the office so we can keep your charts current

Due to the volume of applications received, the Office cannot check the status of applications.

Please be advised that applying to become a patient does not guarantee you will be accepted.

Medical Information

Do you have a **legally** appointed Substitute Decision Maker or Power of Attorney for Personal Care

- No
- Yes (Documents are required to support this at the time of consult)

Previous Family Doctor

Do you currently have a family physician within Ontario?

- No
- Yes – Name/City they Practice in: _____

If you do not have a family physician in Ontario, please indicate the reason that most closely describes your Current Situation:

- Until now, I have not had nor felt the need to have a family physician
- My previous physician has retired or moved. Name: _____
- My previous physician was a pediatrician. Name: _____
- Other: _____

Medical History (attach separate page if needed)

Please list all **current** medical conditions (ie. asthma, depression, heart attack, chronic pain, ect)

Please list any resolved medical conditions and past surgeries, including all relevant dates.

Please list any pertinent family medical history.

Pharmacy Information

Name of Pharmacy: _____ City: _____

Important: Dr. van As will **NOT** refill any prescriptions for patients prior to the initial consultation.

Opioid / Diabetic prescriptions **WILL NOT** be renewed via telephone or by pharmacy request. All Opioids / Diabetic Medications will require an In office visit Every 3 months and renewals will happen then

Medications (attach separate sheet if more space is needed)

Medication	Dose	Route	How Often

Drug allergies and reaction (ie. anaphylaxis, hives, etc).

Allergy	Reaction

Opioid Information

Our office maintains a **STRICT** opioid prescription policy in order to minimize the potential for Abuse. For Applicants currently on long term Opioid therapy:

- * Prior treatment or existing opioid prescription does not guarantee that Dr. van As will prescribe opioids for you. Dr. van As will not prescribe opioids at the first patient visit.
- * A thorough assessment including a review of all past medical records, referrals and investigations must first be undertaken to determine if treatment with opioids is appropriate.
- * Extended/prolonged opioid use (7+ days) will require all patients to sign a Patient Agreement for Long-Term Opioid Therapy contract. This document will be provided at the first visit and Dr. van As will review them directly with you.
- * Patients suspected of opioid prescription abuse will be subject to termination of the patient-physician relationship.
- * At the time of the initial appointment, if either party decides that the patient-physician relationship would be ineffective for any reason, either party may terminate the relationship at that point without further commitment.

Should a long-term opioid prescription be applicable to you in the future, this information will be provided at that time.

Consent to Use Electronic Communication

This office uses communication several means such as but not limited to: email, telephone, virtual platforms, etc.

I am agreeable to all forms of electronic communication

Please check ONE:

I do not wish to communicate electronically

Risks of using electronic communication

The Physician will use reasonable means to protect the security and confidentiality of information sent and received using Electronic Forms of Communication. Despite reasonable efforts to protect the privacy and security of the chosen communication, it is not possible completely guarantee

Patient Signature: _____

Date: _____

Please return completed forms to Dr. van As' office by fax, mail, or in Person.