



Bancroft Community

## Family Health Team

19 Oak Street, Bancroft, Ontario  
Tel: 613-332-1565 Fax: 613-332-0526  
Email: newpatients@bancroftfht.com

# NEW PATIENT REQUEST – PLEASE PRINT

I do not currently have a Family Physician       My current Family Physician is: \_\_\_\_\_

I would prefer a:       Male Doctor       Female Doctor       No Preference

I have Diabetes:       Type I       Type II

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other family members to include: (must share the same home address)

Full Name	Health Card Number	Date of Birth	Relationship to Applicant

Full Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*It is your responsibility to notify our office of any address changes while you are on the waiting list as you will be contacted with a letter in the mail upon acceptance\*\***