



### **Patient Registration Form**

#### **PATIENT INFORMATION**

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, Postal Code: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Gender:  Female  Male

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email Address: \_\_\_\_\_

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

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

Please sign here to confirm you have reviewed the clinic policies on the following pages: \_\_\_\_\_

## **Zero-Tolerance Workplace Safety Policy**

Central Park Medical Clinic is committed to providing a safe, secure, and respectful environment for all patients, physicians, and administrative staff. We maintain a **Zero-Tolerance Policy** regarding harassment of any kind.

**Prohibited Behaviors include, but are not limited to:**

- **Verbal Abuse:** Use of profanity, shouting, or condescending language directed at staff or physicians.
- **Intimidation:** Physical or verbal threats, aggressive posturing, or digital harassment via email/portal.
- **Discriminatory Remarks:** Any comments regarding race, religion, gender, or orientation.

**Consequences of Violation:** Any instance of the above behaviors will result in the **immediate termination** of the physician-patient relationship. The patient (and their family, if applicable) will be discharged from the clinic's care and provided with a 30-day supply of emergency prescriptions only while they seek a new provider.

**Agreement:** I have read and understand the Zero-Tolerance Harassment Policy. I agree to conduct myself respectfully at all times while engaging with Central Park Medical Clinic faculty.

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

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



## Clinic Policies

*Central Park Medical Clinic and its staff are committed to providing quality and comprehensive medical care. The policies below outline how our patients and their families can help us achieve our goal.*

**Please read the following carefully.**

❖ **Documentation Requirements:**

All patients must present a **valid health card at ALL medical visits**. No valid health card at the time of the visit, results in a missed appointment, and may be subject to a fee.

❖ **Patient Appointments:**

Appointment slots are allocated to **ONE patient and ONE concern** only. Please schedule additional appointments if you have more than one child that needs to see the doctor or more than one concern.

**Clinic receptionists are not trained to provide medical advice via phone or email.** All results, concerns and advice will be provided during clinic hours via booked doctor appointments.

❖ **Late/No-show/Cancellations:**

1. We require that all patient's **check-in 10 minutes prior to their appointment time** to ensure there is adequate time to verify contact information, address and book the next appointment.

2. Parents/patients are responsible to remember their appointment. Email reminders of upcoming appointments will be sent out a few days prior to the appointment. We don't always do reminder calls.

**3. All appointments must be cancelled or rescheduled by phone or email at least 24-48 business hours in advance of the appointment date/time.** (48 business hours for consult appointments and 24 business hours for all other appointments.)

**4. Cancelled appointment slots** will be used for viral/same day appointment requests, which will be booked by phone in the morning.

**5. Missed appointments, no shows, or late cancellations will be subject to a fee.**

6. Repeatedly missing appointments or showing up late impairs the doctor's ability to provide adequate patient care. This may result in termination of the patient from the practice.

❖ **Uninsured Services:**

Not all medical services are insured by OHIP (forms/letters, travel vaccines, etc.). We will inform patients in advance of the charges for the service. The clinic accepts several forms of payment - cash, debit, and credit. Please note we can only accept credit cards over the phone, not debit visas.

❖ **Clinic Environment:**

We are committed to creating a comfortable and respectful environment for patients, parents, staff, and doctors. **Zero tolerance policy for any harassment or abuse or hostile behaviour toward staff, nurses, doctors, other patients, or their families in person or via phone.** This behaviour is grounds for dismissal from the practice.

**No audio/video recording is permitted** without both staff, nurses, doctors, and patient's permission.

*We appreciate your collaboration, Central Park Medical Clinic Staff.*