



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: _____

Email Address: _____

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****