

# Mallard Medical Clinic

10 Mallard Road, Suite C105-106, North York, ON M3B 0A7

---

## New Patient Registration Form

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Health Card Number</b>	
<b>Version Code</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Address</b>	
<b>Preferred Pharmacy</b>	
<b>Emergency Contact</b>	

### Current Medical Conditions

--

### Current Medications

--

### Allergies

--

## Privacy, Registration & Communication Information

I understand that my personal health information will remain confidential in accordance with Ontario privacy legislation. Please complete this form and either email it to the clinic or bring it with you during your visit. Submitting this form does not guarantee official registration with Mallard Medical Clinic. Patient acceptance is based on clinic availability, waitlist status, and medical urgency for patients with ongoing medical conditions. Providing false or misleading information on this form may result in denial of registration or removal from the waitlist. I consent to communication from the clinic through phone calls, voicemail, email, and text messaging regarding appointments and clinic updates. Patients may opt out of text messaging services at any time by notifying the clinic.

<b>Patient Signature</b>	
<b>Date</b>	