



## WAIT LIST – Primary Care

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth:** day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

**Telephone:** Home (\_\_\_\_\_) \_\_\_\_\_ Can we leave a message?  Yes  No

Cell (\_\_\_\_\_) \_\_\_\_\_ Can we leave a message?  Yes  No

**Primary/ Preferred Language:**  English  French  Other \_\_\_\_\_

I currently **DO NOT** have a doctor or nurse practitioner in surrounding area **OR**

I have a doctor or nurse practitioner, but I have difficulty accessing due to:

Date \_\_\_\_\_

**Note: Your name will be placed on our waitlist and we will contact you when a primary care provider becomes available.**