



WAIT LIST – Primary Care

****Currently only accepting clients who do not have a primary provider****

Last Name: _____ First Name: _____

Date of Birth: day _____ month _____ year _____

Telephone: _____ Can we leave a message? Yes No

Primary/ Preferred Language: English French Other _____

I acknowledge the following:

A. I currently **DO NOT** have a primary provider (doctor or nurse practitioner)

Or

B. My current primary provider is located further than **100km** of my current residence which is located within S.D.G. and I am unable to access care.

Date _____

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