REGISTRATION FORM FOR ACCESS TO A FAMILY DOCTOR

To be registered for access to a family doctor:

1. You must have a valid health insurance card;
2. You must live in the province of Quebec at the address indicated in your file at the Régie de l'assurance maladie du Québec (RAMQ).

To register or update your registration or in order to obtain further more information, please visit gamf.gouv.qc.ca.

For assistance with your registration, you can fill out the form below and return it to the attention of the Orphaned Clients Access Point (GACO) – RLS des Îles,in one of the following locations:

- Reception desk at the CISSS des Îles hospital;
- Family medicine reception (hospital);
- Secretariat of any private medical clinic;
- CLSC (Cap-aux-Meules, Bassin, Old Harry, Entry Island).

Please **do not attach** any document to this form.

Mandatory identification

Health Insurance Number:		**Postal code :**	

Last name:		**First name :**		**Date of birth:**	
Phone (home):		**Cell phone:**			
Phone (work):		**Extension:**			
Other phone:		**Precision:**			
Address:		**Municipality:**			
Email :					

Health problems :

☐ None

☐ Isolated Problem: Infection (cold, sinusitis, urinary tract infection, gastroenteritis, STBBI, etc.), acute injury (fracture, sprain/strain, wound), acute pain (headache, stomach pain, menstrual pain, etc.)

☐ Pregnancy, chronic or periodically recurring problem: High blood pressure, cardiac problems, diabetes, obesity, chronic lung disease, depression, anxiety, chronic pain, HIV, active cancer, etc.

Change of doctor Current doctor: ______________________ reason: ______________________

Consent

☐ To ensure that my priority for being allocated a family doctor will be determined on the basis of the number of my emergency visits, among other things, I agree to have the information held by the Minister of Health and Social Services concerning the number of my emergency visits disclosed to the Régie de l'assurance maladie du Québec.

☐ By my signature below, I authorize the staff of the access point to keep my information in a secure central bank, all in the strictest respect of the rules of confidentiality.

Signature : ✕ ______________________ **Date :** ______________

Reserved for administrative purposes