

ACUDESTRESS REGISTRATION 2018

Scan/Email completed form to admin@acudestress.ca or fax to 613-212-8962. Filling in your name, phone numbers and email address (if applicable) will get you on our mailing list. Filling in each box below (every one is required) will allow us to book you an OHIP-covered, intake appointment with Dr. Bailey.



The entries on this form on the right will allow us to put you on our mailing list so that you can be informed of program dates or other important information. We will not share the information with anyone other than *South East Ottawa Community Health Centre* and the *Ontario Telemedicine Network*. The entries below are filled only if you choose to book an intake appointment with Dr. Bailey. In each case we need every box filled in order to treat you.

FIRST NAME (BLOCK LETTERS)

LAST NAME (BLOCK LETTERS)

Telephone Number (daytime)

Telephone Number (evening)

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E-MAIL (BLOCK LETTERS) or if no e-mail write in NONE

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First four digits next 3 digits last 3 digits version code
 Ten digit OHIP Number (2 letters)

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Day Month Year
 Date of Birth

Are you a client of South East Ottawa Community Health Centre

Yes No

Are you a client of another Community Health Centre?

Yes If Yes Which One No

Are you an Ontario Disability Support Program (ODSP) recipient?

Yes No

Address and Postal Code

The entries below pertain to persons who are requesting to have an intake appointment with Dr. Bailey to determine whether the AcuDestress program addresses their needs.

How did you hear about AcuDestress? From whom or how?

If you have supplemental health insurance covering acupuncture by a physician, which insurer covers you? If none, write N/A.

<input style="width: 100%; height: 100%;" type="checkbox"/>	<input style="width: 100%; height: 100%;" type="checkbox"/>	<input style="width: 100%; height: 100%;" type="checkbox"/>
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12-1 p.m. 5-6 p.m. Either
 What time during the day are you available?

For Office Use only

