



## NEW PATIENT INTAKE PACKAGE

### WELCOME!

---

Here's what you can expect on your first visit:

1. You will provide us with your health information.
2. You will be introduced to your doctor and/or dietitian.
3. Your doctor and/or allied health professional(s) will assess you.
4. Your doctor and/or allied health professional(s) will work with you to develop a treatment plan.
5. We will schedule your next appointment if one is required.



**PATIENT**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Sex:  Female  Male

Date of Birth: YYYY - MM - DD

**HEALTH CARD**

Health Card Number: \_\_\_\_\_

Version Code: \_\_\_\_\_

Expiry Date: YYYY - MM - DD

**CONTACT**

Address: \_\_\_\_\_

Unit Number: \_\_\_\_\_

City:  Ottawa Other: \_\_\_\_\_

Province:  Ontario Other: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone, Home: \_\_\_\_\_

Phone, Mobile: \_\_\_\_\_

Phone, Work: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACTS**

<b>Primary</b>	<b>Secondary</b>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone, Home: _____	Phone, Home: _____
Phone, Mobile: _____	Phone, Mobile: _____
Phone, Work: _____	Phone, Work: _____

**REFERRAL**

Referring Practitioner: \_\_\_\_\_  MD  NP

Family Physician: \_\_\_\_\_

**HEALTH INFORMATION CONSENT**

Protecting your privacy and personal information is important to us. We strive to provide quality care. In order to do so, we collect, use, disclose, retain and dispose of your personal information in compliance with federal and provincial privacy legislation and applicable college regulations. We will try to be as open and transparent as possible about the way we handle your personal information.

LEAF Weight Management Clinic Ltd. is a multidisciplinary healthcare provider where the practitioners work together to provide you with comprehensive bariatric care. All staff members and contractors who come in contact with your personal information have signed a confidentiality form and are aware of the sensitive nature of the information you have disclosed to us. They are trained in the appropriate use and protection of your information. As a patient, you are invited to read our privacy policy on our website ([www.leafwmc.com](http://www.leafwmc.com)). If you have any questions or complaints about how we manage your personal information, please contact us at 613-701-1222 or via email at [privacy@leafwmc.com](mailto:privacy@leafwmc.com).

Our privacy policy outlines what our clinic is doing to ensure that:

- only necessary information is collected about you;
- we only share your information with your consent; and
- we store, retain and destroy of your personal information in compliance with existing provincial and federal legislation, college regulations, and privacy protection protocols.

We use and disclose your personal information to:

- assess your health concerns, advise you of options and provide healthcare;
- establish and maintain contact with you;



## NEW PATIENT INTAKE PACKAGE

- communicate with other treating healthcare providers, including your family doctor and the referring physician;
- efficiently follow-up with you for treatment, care, and billing by phone, voice mail, text message, email, or addressed mail;
- collect unpaid accounts and process credit card payments;
- comply with the law;
- complete claims for insurance purposes;
- invoice for goods and services;
- allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for practice sale; and
- contact you from time to time during treatment and post-treatment about new services, changes to services, special offers, surveys, clinic updates and other opportunities, by phone, voice mail, text message, email, or addressed mail.

### Medical

I give permission for my physicians, doctors, therapists, insurance company, or lawyer to discuss any medical information pertinent to the care I am receiving or have received at LEAF Weight Management Clinic Ltd. This permission is in effect for up to six months after I finish receiving care at LEAF Weight Management Clinic Ltd.

By signing the Health Information Consent section of the New Patient Intake Package, I agree that I have given you informed consent to the collection, use, and/or disclosure of my personal information as outlined above. I acknowledge that I have reviewed the above information and understand how LEAF Weight Management Clinic Ltd. will use my personal information and the steps that LEAF Weight Management Clinic Ltd. will take to protect my information. I agree that LEAF Weight Management Clinic Ltd. can collect, use, and disclose my personal information as set out above.

Name of Patient: \_\_\_\_\_

Date of Birth:   YYYY   -   MM   -   DD  

Name of Signatory:  same as patient

or

substitute decision maker: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:   YYYY   -   MM   -   DD

**INFORMED CONSENT**

I hereby give my consent to undergo treatment at LEAF Weight Management Clinic Ltd. I have had the chance to discuss the risks and benefits of treatment for my particular condition with my doctor(s) and allied health professional(s). Where appropriate, my treatment may include the prescription of meal replacements and medications, nutritional counseling, exercise instruction, counseling, and other therapeutic interventions as appropriate. I understand that results are not guaranteed and that I may withdraw this consent at any time. If deemed appropriate by my doctor(s) or allied health professional(s), I agree to have a student or support personnel carry out my treatment plan under supervision.

Name of Patient: \_\_\_\_\_

Date of Birth: YYYY - MM - DD

Name of Signatory:  same as patient

or

substitute decision maker: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: YYYY - MM - DD

**NOTICES**

**Appointment Booking Policy**

Appointment bookings are on a first-come first-served basis.

**Cancelled and Missed Appointments Policy**

Our doctor's and allied health professional's time is limited and in high demand. Missing a scheduled appointment means that another patient did not get a chance to receive help. For this reason, LEAF Weight Management Clinic Ltd. requires 24 hours' notice for any cancellations. In the event you provide insufficient notice of cancellation or miss an appointment, a fee of \$30 to \$120 (depending on the nature of your appointment) will be billed to your account. Please note that insurance companies typically do not cover missed appointment charges.

LEAF Weight Management Clinic Ltd. reserves the right to increase cancellation and missed appointment fees at its discretion from time to time.



## NEW PATIENT INTAKE PACKAGE

### Late Arrival Policy

Our doctor's and allied health professional's time is limited and in high demand. Arriving late for an appointment means that our doctors and allied health professionals might not get all of the time they need to have a productive and safe visit with you, or answer all of your questions. It also means that other patients' scheduled appointments may run late. For these reasons, LEAF Weight Management Clinic Ltd. requests that patients arrive 10-15 minutes before their scheduled appointment. In the event of a late arrival, we will do our best to move your appointment to another available time that same day; however, if no alternate time is available, then we will reschedule your appointment to another day and we reserve the right to bill you for a missed appointment.

### Appointment-Related Policy Exceptions

We recognize there are valid reasons for late arrivals, late cancellations, and missed appointments. In order to be consistent with all clients, we will waive late cancellation and missed appointment fees in the event of a medical emergency requiring urgent treatment, a death in the family, or a natural disaster. Your doctor or allied health professional may make an exception to the above policies for other reasons on rare occasions, but this is solely at their discretion.

### Payment of Account

Accounts are interest-free for the first 30 days. Amounts over 30 days will be charged a monthly interest rate of 1%. Payments will be applied to interest first, then any past due amount.

By signing the Notices section of the New Patient Intake Package, I acknowledge that I have reviewed the above information and understand that LEAF Weight Management Clinic Ltd. may bill me should I arrive late for an appointment, cancel an appointment with less than 24 hours' notice, or miss an appointment. I also understand that LEAF Weight Management Clinic Ltd. may charge me interest if my account is past due.

Name of Patient: \_\_\_\_\_

Date of Birth: YYYY - MM - DD

Name of Signatory:  same as patient

or

substitute decision maker: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: YYYY - MM - DD