

Dr. John O'Mahony, Family Physician
MB BCh BAO, BSc, MRCS(Ire), CCFP
481 London Road, Sarnia On. N7T 4X3
P: 519 491 7965 F: 519 491 7494

Patient Registration Form for Dr. John O'Mahony

If applying as a family, please complete a separate application form for each family member.

_____ Surname	_____ Given Name (s)	
_____ Date of Birth (mm/dd/yyyy)	_____ Age	_____ Gender
_____ Address: Number and Street	_____ Apt. Number	
_____ City	_____ Postal Code	_____ Home Phone Number
_____ Cell Number	_____ Work Number	_____ Email Address

Medical History (attach additional page (s) if necessary): Please list current and past medical conditions (i.e asthma, depression, heart attack, chronic pain, etc)

Please list previous surgeries and year performed:

Please list current prescription and non-prescription/herbal medications (name, dose, frequency):

Please list any drug allergies and type of reaction (i.e rash, nausea, anaphylaxis):

Patient Declaration

Please circle the numbered statement that most closely applies to you:

1. I have moved to Sarnia-Lambton and don't have a family physician in the community.

2. Until now, I have not had, or felt the need to have a family physician.

3. My previous family physician has retired or moved.

4. My previous family physician is still practicing, but no longer provides my care.

Please provide explanation for this including name of physician:

5. I currently have a family physician but would like to leave this practice and join Dr. John O'Mahony's practice. Please provide a valid explanation for this request including the name of your family physician. Please note that due to the family doctor shortage in Sarnia-Lambton, each application will be assessed on a case by case basis. This application will not guarantee entrance into Dr. John O'Mahony's practice.

Name of previous physician: _____

Date last seen: _____

PLEASE NOTE:

Dr. John O'Mahony maintains a **STRICT** narcotic prescription policy in order to minimize the potential for abuse. Prior treatment or existing narcotic prescriptions does not guarantee that Dr. O'Mahony will prescribe narcotics for you. Dr. O'Mahony will not prescribe narcotics at the first patient visit. A thorough assessment including review of all past medical records, referrals and investigations must first be undertaken to determine if treatment with narcotics is appropriate. Extended/prolonged narcotic use (over 7 days) will require all patients to sign a narcotic use contract. Patients suspected of narcotic prescription abuse will be subject to termination of the patient-physician relationship.

All patients will be asked at the first visit to sign a document stating that they understand the policies of the practice. This document will be provided at the first visit and Dr. O'Mahony will review them directly with you.

Completing this form does not guarantee entrance into Dr. John O'Mahony's practice.

At the time of the initial appointment, if either party decides that the patient-family physician relationship would be ineffective for any reason, either party may terminate the relationship at that point without further commitment.

Please be sure that this form is fully completed as incomplete forms will be discarded. Please fill out a separate form for each family member, but return all forms together.

By signing below, I acknowledge that I have read and understood the declarations and have answered all questions truthfully. If responses on this form are intentionally incorrect, the patient-physician relationship may be terminated.

Signature

Date

Please return form to Dr. O'Mahony's office at 481 London Road (lower level) or fax to our confidential line on 519 491 7494.

For Office Use Only: Date Received: _____ Date Entered: _____

Date Reviewed: _____