

## Mango Walk-in Clinic Registration Form

Last Name: _____	Date of Birth: _____
First Name: _____	Care Card Number: _____
Address: _____	Phone Number: _____
City: _____	Email: _____
Postal Code: _____	Do you have a regular Family Doctor? (Circle): NO / YES
Emergency Contact Name: _____	Family Doctor Name: _____
Emergency Contact Phone: _____	Family Doctor Fax: _____

### Policies and Consent

1. **For Patients with a regular Family Doctor:** We will provide a copy of our encounter note to your regular physician after your visit.
2. **Pharmanet:** You consent to us accessing your Pharmanet profile to review your recent prescription records.
3. **Controlled Drugs Policy:** If you need Narcotic, Sedative, or Stimulant medications, you will need to sign a contract with your regular physician and only a short prescription will be considered until such time you can see your regular physician.
4. **Urine Drug Screening:** You consent to urine drug screening for the prescribing of certain medications at the discretion of the physician.
5. **Updating Contact Information:** We require you to update us with your contact information should there be any changes. It is your responsibility to ensure that we have the correct information. There may be risks to your health if we are not able to reach you for your health matters.
6. **Access of Medical Information:** It is your right to have full access to your medical information contained in your clinical chart notes. Fees related to copying or transferring of your medical information may apply.
7. **Non-insured services:** Non-MSP insured services include, but are not limited to: forms, doctors notes, chart transfer, photocopying, cosmetic procedures, travel medicine. Please consult our staff about fee amounts.
8. **Late Cancellation and Missing Appointments:** For booked appointments, we require that you give us a minimum of 24 hours or 1 business day notice for cancellations. A charge may apply for late cancellations or no-shows. This does not apply to walk-in patients who don't book an appointment.
9. **Prescription Renewal Policy:** We cannot provide prescription renewals over the phone or via fax. Our physicians need to see and assess the patient each time a prescription is needed for safety reasons.
10. **Behaviour Policy:** At Mango Medical we have a zero-tolerance policy on inappropriate behaviours, such as violence, threats, disrespect, theft, sabotage, vandalism or harassment. We will ask you to leave our clinic and will not longer provide you with care should such behaviours occur.
11. **Fragrance/Smoking Policy:** Mango medical is a fragrance- and smoke-free zone. Please be mindful of this as many patients and staff members have related allergies or sensitivities.

By signing below, I hereby agree to all the above policies of Mango Medical Clinic - Beresford, Walk-in Clinic. I give consent that Mango Medical Clinic may contact me via telephone and leave a message on voicemail or in person for purposes such as appointment reminders. I agree that if I do not sign this consent or later revoke it, Mango Medical may decline to provide services to me. Nevertheless, I agree that Mango Medical may retain a copy of my records as legally or professionally required.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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