



# BRIGHT FUTURES CLINIC

*Dr. Ghassan Al-Naami*

## REGISTRATION FORM

CHART# \_\_\_\_\_

### PATIENT INFO:

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: M / F

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Referring Doctor/Clinic: \_\_\_\_\_

### EMAIL REMINDER CONSENT:

I understand the risks/benefits of email transmission and request that future appointment reminders, preparation instructions, requests for contact be sent electronically to the following email address:

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

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### SCHOOL INFO:

Name of school: \_\_\_\_\_ Phone: \_\_\_\_\_

Teachers name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_