

Filling Out Your Communication Card

Type or print your name in the space provided on the front of the card.

On the other side of the card, please type or print your information in the space provided:

- Name
- Date of Birth
- Medicare Number (HC#) & Medicare Card Expiry Date Permanent Address
- Two telephone numbers Email
- Family Doctor OR Nurse Practitioner
- Substitute Decision Maker (SDM), their relationship to you (i.e. husband, child, sister) & their contact information
- Person to Notify (PtoN) in Case of an Emergency, their relationship to you (i.e. husband, child, sister) & their contact information

Thank you



Hi my name is _____

This card has been prepared to help me when registering for appointments.

Please see my detailed information on the back of the card.

Name: _____ DOB: _____

HC#: _____ Expiry: _____

Address: _____

Phone: (____) ____ - _____ Phone (____) ____ - _____

Email: _____

Family Dr/NP: _____

SDM: _____ Relationship: _____

Address: _____

Phone: (____) ____ - _____ Phone (____) ____ - _____

PtoN: _____ Relationship: _____

Address: _____

Phone: (____) ____ - _____ Phone (____) ____ - _____