

Springboard Clinic New Patient Registration Form

PATIENT INFORMATION

Please provide the following information about the patient:

Last Name:		First Name:		Nickname:	
Home Address:			City:		Province:
Home Phone:		Cell Phone:		Email address:	
Birthdate:		Health Card # with version code:			

PHYSICIAN INFORMATION

Please provide the following information about the patient's primary physician:

Last Name:		First Name:			
Address:		City:		Province:	Postal Code:
Phone:		Fax:			

INSURANCE INFORMATION

If you are submitting your receipts for insurance reimbursement, please fill out the following section:

Insurance Company:		Group or Policy #:	
Name of Insured:		Birthdate:	
Insured's Employer:		Patient's Relationship to Insured:	

Some good things about people with ADHD....

- Have lots of energy
- Willing to try things
- Ready to talk, can talk a lot
- Charming
- Good at multi-tasking
- Smart
- Good sense of humour
- Need less sleep
- Spontaneous
- See details that other people miss
- Volunteer to help others
- Happy and enthusiastic
- Imaginative and creative
- Articulate
- Sensitive and compassionate
- Courageous