

# Peterborough 360 Degree Nurse Practitioner-Led Clinic



**Peterborough 360 Degree Nurse Practitioner-Led Clinic Referral Form**  
**45-360 George Street North, Peterborough, ON K9H 7E7**  
**Phone: 705-874-3900 Fax: 705-874-5339**

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**Do you have a family doctor or nurse practitioner?**  Yes  No

**If yes, please speak to a team member of the 360 Clinic**

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

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

Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: (DD/MM/YR) \_\_\_\_\_

Gender: \_\_\_\_\_ Language: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ VC (2 letters) \_\_\_\_\_ No Health Card

Are you registered with Health Care Connect  Yes  No

What is the best way to reach you? \_\_\_\_\_

If you provide us a phone number, can we leave a message for you? \_\_\_\_\_

Dependents you would like to register

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Where have you been receiving health care over the past 2 years? \_\_\_\_\_

Address and phone number: \_\_\_\_\_

Are you involved with other community agencies such as CMHA, Fourcast etc?

\_\_\_\_\_

\_\_\_\_\_

Briefly list any of your health concerns and medications you are currently on: (use back of page if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_