



Bowglen Medical Clinic

New Patient Registration Form

Unit 121 - 4411 16 Ave NW, Calgary, AB T3B 0M3 P: (403) 288-6711 * F: (403) 288 - 9136 * Email: info@bowglenmedicalclinic.ca

Patient Information:

NAME _____
 First Middle Last

ADDRESS: _____
 CITY _____ PROV _____ POSTAL CODE _____

DATE OF BIRTH _____ D / M / YY PHN (AHC) _____ SEX _____ M / F

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

NEXT OF KIN/EMERGENCY CONTACT

NAME: _____ PHONE: _____

CONSENT AGREEMENT:

This agreement ("Agreement") is entered into by and between _____ and
Bowglen Medical Clinic (collectively, the "Parties") *[Name of patient]*

Governing Law
 The Parties hereby agree that:
 a) all aspects of the relationship between _____ And Bowglen Medical Clinic
[Name of patient]
 (as well as her/his agents, delegates, employees, and any physicians and other independent healthcare practitioners providing medical or other healthcare and treatment to _____
[Name of patient]
 or in association with **Bowglen Medical Clinic**, including without limitation any medical or other healthcare and treatment provided to _____, and
[Name of patient]
 b) the resolution of any and all disputes arising from or in connection with that relationship, including any disputes arising under or in connection with this Agreement, shall be governed by and construed in accordance with the laws of the province of Alberta (other than conflict of laws rules) and the laws of Canada applicable therein.

Exclusive Jurisdiction
 The Parties hereby acknowledge that the medical or other healthcare and treatment received by _____
[Name of patient]
 from the Courts of AB shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action whatsoever arising.

Please DO NOT take our prescription to MEDICINE SHOPPE (The pharmacist illegally use our Dr's Triplicate pad to sell narcotics

Signature: _____ Date: _____

Our Clinic will CALL you to NOTIFY you of the arrival of reports of your investigations!