

**New Patient Guide**  
Arbour Family Medical Centre  
281 Stone Road East  
Guelph, ON N1G 5J5  
[www.arbourfamilymedical.com](http://www.arbourfamilymedical.com)

**Welcome to the Arbour Family Medical Centre!**

In collaboration with the Guelph Family Health Team, the goal of our office is to provide you with access to optimal health care in a timely fashion.

We are your **First Stop** into the healthcare system. You are encouraged to pre-book an appointment online, but you may call for urgent or semi-urgent appointments. A fee will be charged if you do not provide 24hr notice to cancel your appointment.

**Our Clinical Hours:**  
**Monday – Friday: 9:00 a.m. – 4:30 p.m.**

**If you have an emergency, you should call 9-1-1**

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**Your Healthcare Team**

**Dr. S. Thomas Dr. A. Kizior-Hajduk Dr. K. St. Amant**  
**Dr. T. MacLean Dr. G. Ting Dr. M. Deol**  
**Dr. J. Chaytor Dr. U. Chaudry**

**Other Health Service Providers:**

- Nurse Practitioner
- Mental Health Counsellor
- Psychiatry
- Smoking Cessation Education
- Diabetes Education
- Respirology Education
- Heart Health Education
- Dietitian
- Clinical Pharmacist

In addition to your local team, a number of programs and providers from the Guelph Family Health Team are available to you such as:

- Diabetes Care Guelph
- INR Clinic
- Foot Care Clinic
- Primary Care @ Home

To learn more about the Guelph Family Health Team, please visit [www.guelphfht.com](http://www.guelphfht.com)

# Clinic Policies

## Appointments:

All appointments will be by appointment only. If you have an urgent medical issue during office hours, the office will do their best to get you seen by a doctor or nurse practitioner that day. Every effort will be made to book you with your regular doctor with the exception of last-minute and after-hours appointments or when your doctor is not in the office. Under these circumstances, another doctor or nurse practitioner at the clinic may see you. Do not use a walk-in clinic.

Please inform the receptionist of the reason for your visit when scheduling an appointment (i.e. physical, form completion, immunization, flu-like symptoms, etc.) so that the appropriate time can be allotted for you. The standard is to address one (1) issue per appointment, any additional issues will be addressed in respect to available time, if not, you will be requested to make another appointment.

## After Hours

**If you require medical care outside our business hours, please call TeleHealth at 1-888-308-5228.**

If you are an enrolled or registered patient of our office, the nurse can contact the physician on call. This service is available weekdays from 5 p.m. – 9 a.m., and weekends and recognized holidays.

## Missed Appointments:

Appointments missed without 24-hour notice will be billed directly to you. **The charge for a missed appointment varies from \$40-\$80 depending on the type of appointment.**

## Prescribing Policies:

Help us help you—during your regular office visit, let us know if you need any renewals for your medication. You are responsible for making sure you see your physician before your medications run out.

Hint: Book an appointment when you start your last repeat. **In the event that you require a phone or fax renewal, please contact your pharmacy. It can take up to 14 business days to process a refill.**

Some medications require regular blood work and follow-up visits for your safety. If you do not have the required blood work and attend appropriate follow-up visits, then we may not be able to continue prescribing the medication to you, as this may put your health at risk.

We believe in prescribing medications based on current guidelines. We are very judicious when offering antibiotics, pain medications and tranquilizers. All patients receiving narcotics/opioids will have to sign an “Opioid Agreement Form”. **We may also request that patients with chronic pain be seen by a pain specialist in order to have their narcotic and opioid use assessed.** Narcotic/opioid medications will **not** be refilled early.

## Periodic Health Exam (Annuals):

Patients should be seen over the age of 30 for periodic health examinations, usually every 1-3 years. Talk to your physician about how frequent your health exam needs to be scheduled. These examinations should be booked in advance as the visit will be dedicated to do a comprehensive health exam and education session focusing on screening (such as mammograms & colon cancer screening) and preventative health discussions; if you have urgent issues that need to be discussed, please book a separate appointment.

### **Test results:**

Our staff review all test results. Patients will be called for a follow-up visit if laboratory or diagnostic tests are *abnormal*. You will NOT be contacted if test results are normal.

### **Non-OHIP Covered Services:**

There are several services family doctors provide that are not covered by OHIP. The patient will be billed directly for these services. A list of these services (e.g. travel advice, sick notes, back to work notes, form completion, etc.) and their corresponding fees, based on provincial standards, are posted in every exam room and a copy is available on our website and upon request. Removal of certain skin lesions, including warts (except those on feet and genitals), is considered cosmetic; therefore, there is a charge associated with these procedures. We will inform you of your fees in advance of all non-covered visits and procedures.

### **Forms/Paperwork:**

If you have forms or paperwork that needs to be completed, please leave them with the front desk staff with directions and the physician will fill them out as soon as they can, (within 30-45 days). Please do not leave required forms until the last minute. The front desk should be able to inform you of the fee for any forms/paperwork.

### **Medical Learners:**

This clinic hopes to provide an educational setting for medical learners such as medical students and residents. Occasionally, medical learners may participate in your care under your physician's direct supervision and we hope that you will welcome them during their time with us.

### **Keep Your Medical File Complete:**

Every time another health care professional sees you (e.g. ER physician, specialist, physiotherapist, dietician or chiropractor), please ask that a copy of their notes and all investigations are sent to our office for our records. This will help ensure that you receive the best possible care.

### **How You Can Help:**

There are a number of things you can do as a patient to help keep your records up to date and make it easier for me and other physicians to provide you with the best care possible. Here are some suggestions:

1. Update your doctor of any vaccines you received outside this office, by reporting it to your doctor at [www.arbourfamilymedical.com](http://www.arbourfamilymedical.com)
2. If possible, try to use the same pharmacy for all prescriptions. This makes it easy to clarify prescription concerns and keep track of previous medications.
3. Carry a list of medications and your past medical history in your wallet in the event that you need to be seen emergently at the hospital.
4. Inform the staff of the reason for your appointment so that the appropriate length of visit can be booked.
5. If you have chronic medical problems, speak with your doctor about how often routine follow-up visits for these conditions are required.
6. If you know you require lab work prior to a visit but do not have a lab requisition, please call the office a week in advance so you can get a requisition and have your lab work done prior to your appointment.

**Ending the Physician Patient Relationship:**

Your doctor reserves the right to discharge patients from his/her practice at their discretion. Reasons include but are not limited to: repeatedly missing or being late for appointments, refusal to comply with necessary follow-ups, medication misuse or abuse, lying or dishonesty, refusal to pay for uninsured services, rudeness, threats, harassment, or abusive language towards them or any of the clinic staff.

# ARBOUR FAMILY MEDICAL CENTRE

## FEES FOR UNINSURED SERVICES NOT COVERED BY OHIP

Effective January 1, 2023

(The following charges are based on review of the medical condition and are payable whether or not a form is filled)  
An additional Charge applies if examination is required

|  |   |  |
|--|---|--|
| <b>Notes</b>   | Sick /Back to Work/School/Daycare ..... | \$23.00                                |
| <b>Surgical Removals</b> .....   |   | \$88                                   |
| <b>Removal of Cosmetic Lesions</b> (liquid nitrogen).....  | 1 lesion                                | \$26                                   |
| <i>(note: plantar warts are insured)</i>   | 2-3 lesions                             | \$41                                   |
|  | 4 or more lesions                       | \$62                                   |
| <b>Travel Advice</b> .....   |   | \$60/person                            |
| Immunization for travel outside of Canada.....   |   | \$25 per injection                     |
| <b>Missed Scheduled Appointment</b> without 24 hour cancellation   |   |  |
| Regular appointment.....   |   | \$40 Evening/Weekend                   |
| Physical/procedure Appointment .....   |   | \$80                                   |
| <b>Patients without OHIP</b> (Uninsured Examinations)  |   |  |
| Minor Assessment.....  |   | \$63 OMA rate                          |
| Intermediate Assessment.....   |   | \$98 OMA rate                          |
| Adult General Assessment (Physical).....   |   | \$175 OMA rate                         |
| Child assessment (annual health exam after 2 <sup>nd</sup> birthday).....                                  |   | \$116 OMA rate                         |
| Immunization/allergy shots.....  |   | \$25                                   |
| <i>Any related diagnostic testing will be directly billed to the patient</i>                               |   |  |
| <b><i>Failure to provide valid health card within 3 months will result in direct bill at OMA rates</i></b> |   |  |
| <b>Photocopy charges</b>   |   |  |
| Patient requested .....  |   | \$1/page                               |
| <b>Transfer of Medical Records</b> (including minimum 10 year storage)                                     |   |  |
| Individual.....  |   | \$35 minimum                           |
|  |   | first 20 pages/\$0.30 per page over 20 |
| Family.....  |   | \$70 minimum                           |
|  |   | first 20 pages/\$0.30 per page over 20 |
| <i>Note – If physician is required to review the chart, there will be an hourly rate assessed</i>          |   |  |
| <b>Long Distance Phone Calls or Faxes</b> .....  |   | \$21 min charge                        |
| <b>Prescription Repeats</b> by phone/fax to pharmacies.....  |   | \$23                                   |
| <b>Physio, Massage, Orthotics Prescriptions etc.</b> given to patient or faxed.....                        |   | \$23                                   |
| <b>Third Party Physical Exams</b> (including forms)  |   |  |
| Camp/School Form (form and assessment) .....   |   | \$115 assess + \$32.50 form            |
| Driver's Medical Report including Medical Exam.....  |   | \$289.00                               |
| Adoption Application Form and Physical.....  |   | \$243.00                               |
| <b>Completion of Forms</b>   |   |  |
| Trip Cancellation Form .....   |   | \$44-\$66                              |
| Maternity Leave Form .....   |   | \$44                                   |
| Private Insurance Disability/Sickness Form.....  |   | \$44-\$66                              |
| Federal Tax Credit & Related Forms.....  |   | \$150                                  |
| Certificate of Health Verification.....  |   | \$44                                   |
| Fitness and Weight Loss Form (does not include physical).....  |   | \$44                                   |
| Private Respite Care Form .....  |   | \$82                                   |
| <b>Demand surcharge (same day)</b> .....   |   | <b>additional \$30 per form</b>        |
| <b>Travel</b> (Greater than 8kms or 15 mins).....  |   | Independent Consideration              |
| <b>NSF Cheques</b> .....   |   | \$40                                   |

NOTE: A HIGHER RATE IS APPLICABLE FOR SERVICES PROVIDED AFTER HOURS.  
**FEES SUBJECT TO CHANGE WITHOUT NOTICE.**

**Arbour Family Medical Centre**  
 281 Stone Road East, Guelph, ON N1G 5J5 519-823-5133  
**New Patient Information**

Please note: Information herein will be shared amongst all Physicians who are accepting patients at this office. The medical information requested below is optional. It will not be used as a screening tool, only to triage your concerns before your first appointment.

At present, we have a limited ability to take on new patients. This status fluctuates from week to week, and we will contact you if we are able to accommodate you/your family. Please do not contact our office regarding this form. Because of the number of forms received, it will not be possible to contact everyone. If you have not been contacted by this office within 3 months, it means we are not accepting new patients and this form will be destroyed in keeping with the Personal Health Information Protection Act.

If you are accepted as a new patient, please contact Service Ontario InfoLine at 1-800-267-8097 as soon as possible to de-roster yourself from your previous physician.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Tel#: \_\_\_\_\_ Cel/Business #: \_\_\_\_\_  
 OHIP#: \_\_\_\_\_ Exp date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_

\*\*To be used for general clinic communication, NOT to book appointments or discuss medical issues\*\*

Do you currently have a family physician? Yes \_\_\_ No \_\_\_  
 Previous family doctor \_\_\_\_\_

**Other family members in the same household that need a physician**  
*(patients 16+ must complete a separate form):*

| Name | Date of Birth | OHIP# and Version Code | Relationship to you |
|------|---------------|------------------------|---------------------|
|      |               |                        |                     |
|      |               |                        |                     |
|      |               |                        |                     |
|      |               |                        |                     |
|      |               |                        |                     |

**Please list any past, current or ongoing health problems** *(including any history of depression, anxiety, substance abuse or any other mental health issues:*

|    |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |

**List all past operations, illnesses, hospitalizations and injuries:** *(include dates)*

|    |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

**Current Medications** (including supplements and vitamins): (do not fill out if you have printed list)

| Medication | Dose | Times per day | Reason for use |
|------------|------|---------------|----------------|
|            |      |               |                |
|            |      |               |                |
|            |      |               |                |
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|            |      |               |                |
|            |      |               |                |
|            |      |               |                |
|            |      |               |                |

**Allergies** (Including medication) Please include severity of allergy by rating Mild (3) , Moderate (2) or Severe (1)

|    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

**Social History:**

|                                    |   |
|------------------------------------|---|
| Smoker: Yes / No                   | # cigarettes/day                                    |
| Alcohol Use (please circle): _____ | # of drinks per: day      week      month      year |

**Preventative Health** (if known):

|                                    |
|------------------------------------|
| Date of last Mammogram:            |
| Date of last Pap smear:            |
| Date of last Colonoscopy:          |
| Date of last FOBT:                 |
| Date of last Bone Mineral Density: |

**Family History**

Please list any known history of illness in blood relatives (parents and siblings) with particular attention to high blood pressure, diabetes, cancer (and what kind), heart attack or stroke, liver or kidney disease, depression, anxiety or substance abuse.

| Family Member | Medical Condition |
|---------------|-------------------|
|               |                   |
|               |                   |
|               |                   |
|               |                   |
|               |                   |
|               |                   |
|               |                   |
|               |                   |

Ongoing medical investigation with a specialist: if so, Who: \_\_\_\_\_  
Reason: \_\_\_\_\_

Meet and Greet requested? If yes, Date booked: \_\_\_\_\_

I have read and understood the New Patient Guide, Clinic Policies, and Uninsured Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_