

When must this form be used?

This form must be used when a family doctor finds out that his or her patient was mistakenly registered with a second family doctor.

GUIDE FOR COMPLETING THE FORM

You can imprint the Health Insurance Card in the space provided for that purpose. If you do so, please make sure that all information is legible. However, if the person concerned is a child under age 14 or an incompetent person, the information on the legal representative must be entered in section 1 "Information on the registered person."

Section 1 Information on the registered person

Indicate the last name at birth, usual first name, Health Insurance Number, date of birth and sex of the registered person who wishes to confirm his or her registration with the family doctor designated in section 2. Depending on the situation, the information on the legal representative is to be entered in the space provided for that purpose.

Section 2 Information on the family doctor

Enter the last name, first name and the practice number used by the Collège des médecins du Québec. The family doctor who signs and dates section 2 confirms that he or she is the family doctor who **provides regular management and follow-up of the care required by the health condition of the registered person** named in section 1. The registered person must have previously signed a form designating the doctor named in section 2 as his or her family doctor, and this designation must have ended when the registered person subsequently designated another family doctor.

Section 3 Confirmation by the registered person or by that person's representative

Enter the first and last names of the family doctor with whom the registered person wishes to confirm his or her registration. By signing and dating the form in the space provided for that purpose, the registered person or that person's legal representative cancels the validity of the family doctor registration form(s) signed after having designated the doctor named in section 2 as his or her family doctor. The registered person therefore confirms that his or her usual family doctor is the doctor designated in section 2.

Sending in the form

The signed and dated form may be mailed or faxed (see the front for the address and fax number). However a copy must be kept in the medical record of the registered person.