

Registration With a Family Doctor

1. a) INFORMATION ON THE FAMILY DOCTOR

LAST NAME	FIRST NAME	PRACTICE NUMBER
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1. b) INFORMATION ON THE FAMILY MEDICINE GROUP

THE FAMILY DOCTOR IS TO FILL OUT THIS SECTION ONLY IF HE OR SHE IS A MEMBER OF THE FAMILY MEDICINE GROUP WITH WHICH THE PATIENT AGREES TO REGISTER.

NAME OF FAMILY MEDICINE GROUP	REFERENCE NUMBER OF FAMILY MEDICINE GROUP	FILE NUMBER
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2. INFORMATION ON THE INSURED PERSON

HEALTH INSURANCE NUMBER	LAST NAME AT BIRTH	USUAL FIRST NAME
DATE OF BIRTH Y Y Y Y M M D D	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AREA CODE TELEPHONE/HOME
		AREA CODE TELEPHONE/WORK
		EXT.
MAILING ADDRESS NUMBER		STREET
		APARTMENT
LOCALITY		PROVINCE
		POSTAL CODE

3. FOLLOW-UP LOCATION AND HEALTH CHARACTERISTICS

NAME OF SERVICE POINT (USUAL FOLLOW-UP LOCATION)	CODE	BEGINNING DATE OF CODE Y Y Y Y M M D D	CODE	BEGINNING DATE OF CODE Y Y Y Y M M D D
NUMBER OF SERVICE POINT	BEGINNING DATE OF SERVICE POINT DESIGNATION Y Y Y Y M M D D		CODE	BEGINNING DATE OF CODE Y Y Y Y M M D D

4. STATEMENT BY INSURED PERSON

I declare that all the information provided is accurate. I designate the health professional named in section 1(a) to be my sole family doctor and hereby cancel any previous registration, if applicable. If I should change family doctors, I understand that the name of my new doctor and the place of my new registration will be disclosed to my former family doctor.

SIGNATURE	DATE Y Y Y Y M M D D
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5. SECTION TO BE COMPLETED BY THE REPRESENTATIVE OF THE INSURED PERSON WHO IS UNDER AGE 14 OR INCAPACITATED

LAST NAME AND FIRST NAME OF PARENT, GUARDIAN, MANDATARY, TRUSTEE OR ACCOMPANYING PERSON	FOR A CHILD UNDER AGE 1 WHO DOES NOT HAVE A HEALTH INSURANCE CARD, ENTER THE HEALTH INSURANCE NUMBER OF THE FATHER OR MOTHER.
MAILING ADDRESS NUMBER	STREET
	APARTMENT
LOCALITY	PROVINCE
	POSTAL CODE
<input type="checkbox"/> Mother or father	<input type="checkbox"/> Guardian
<input type="checkbox"/> Mandatary	<input type="checkbox"/> Accompanying person
<input type="checkbox"/> Trustee	
AREA CODE TELEPHONE/HOME	AREA CODE TELEPHONE/WORK
	EXT.
SIGNATURE	DATE Y Y Y Y M M D D

6. STATEMENT BY FAMILY DOCTOR

In accordance with the code of ethics of the Collège des médecins du Québec, I agree to be the family doctor of the insured person identified in section 2.

SIGNATURE	PRACTICE NUMBER	DATE Y Y Y Y M M D D
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Note: Your first and last names and your Health Insurance Number are sent to the Régie de l'assurance maladie du Québec for the purpose of applying the *Health Insurance Act*.

EACH SIGNING PARTY KEEPS ONE COPY.

INSTRUCTIONS FOR COMPLETING THE REGISTRATION WITH A FAMILY DOCTOR FORM

**IMPORTANT — Do not send the paper version of the registration form to the Régie.
Fill out one form only per person (in block letters).**

Registration with a family doctor affiliated with a family medicine group

- 1) Fill out sections 1. a) and 1. b).
- 2) Fill out the appropriate sections, according to the situation of the insured person (sections 2, 3 and 5).
- 3) Have the insured person sign the form (section 4).
- 4) Have the family doctor sign the form (section 6).
- 5) Give one copy of the signed form to the registered person or, where applicable, to the person's representative and keep the original copy in the insured person's file.
- 6) Give information document No. 4115 (*Registration With a Family Doctor*) to the registered person or, where applicable, to the person's representative.
- 7) Give document No. 4114 (*Information on Family Medicine Groups*) to the registered person or, where applicable, to the person's representative.
- 8) Transmit the registration using the Régie's online service.
- 9) Have the [Consent form for the sharing and release of user information \(AH 888A DT9298\)](#) signed by the insured person or, where applicable, by the person's representative and keep the original in the insured person's file. This form is available on the same webpage as form No. 4101 (*Registration With a Family Doctor*).

Registration with a family doctor not affiliated with a family medicine group

- 1) Fill out sections 1. a).
- 2) Fill out the appropriate sections, according to the situation of the insured person (sections 2, 3 and 5).
- 3) Have the insured person sign the form (section 4).
- 4) Have the family doctor sign the form (section 6).
- 5) Give one copy of the signed form to the registered person or, where applicable, to the person's representative and keep the original copy in the insured person's file.
- 6) Give information document No. 4115 (*Registration With a Family Doctor*) to the registered person or, where applicable, to the person's representative.
- 7) Transmit the registration using the Régie's online service or using Régie-approved registration software.
- 8) Have the [Consent form for the sharing and release of user information \(AH 888A DT9298\)](#) signed by the insured person or, where applicable, to the person's representative and keep the original in the insured person's file. This form is available on the same webpage as the form No. 4101 (*Registration With a Family Doctor*).

The Régie does not accept any registrations submitted by telephone, fax or mail.