



## ORIENTATION MANUAL & REGISTRATION FORM

### Terms and conditions

1CLINIC strives to ensure that your electronic medical record contains complete and up to date information so we can provide you with optimal comprehensive care. Please register in advance and bring in this completed form to save you time at your first appointment, the "meet and greet", and fill in the relevant sections to the best of your ability. The security and privacy of your personal data is one of our primary concerns and we have taken every precaution to protect it. Please bring a valid health card to each visit or cash payment is accepted.

#### DEMOGRAPHICS

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

Preferred Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (day / month / year)

Gender:  MALE  FEMALE

OHIP Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Address: number, street name, city, province, postal code

Phone Number: Home \_\_\_\_\_, Cell \_\_\_\_\_, Work \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact  Email  Home phone  Cell phone  Work phone

For your convenience, we have our pharmacy (1CLINIC Rx) and lab on site.

#### RIGHTS & RESPONSIBILITIES

1Clinic believes patient rights are important, and will strive to do our best to make sure you feel comfortable and respected. As a patient at 1CLINIC, you have the RIGHT to be: RESPECTED, COMFORTABLE, SAFE & SECURE. We take your healthcare concerns seriously, and encourage patients to discuss any complaints regarding your care without fear of getting poor treatment. 1CLINIC fosters a supportive and caring environment, including appropriate assessment and management of pain, treatment of uncomfortable symptoms and support of your emotional and spiritual needs, regardless of your medical status or treatment decisions. We believe in working together as a TEAM and include family members or significant others in your care decisions. In some cases, we must assign someone, legally, to exercise your rights on your behalf, if you are unable to exercise them. We believe in informing and educating our patients on their results. Our priority is to ensure you receive complete and current information about your diagnosis, treatment and prognosis in terms you can understand in order to participate in decisions regarding your care. We encourage you or your representative to ask questions if there is a misunderstanding, in order to make an informed decision regarding your care. At times, there may be unanticipated outcomes of care, treatment and services and we will make every effort to discuss this with you.

**PLEASE BRING A VALID HEALTH CARD TO EACH VISIT** We strongly believe in patient care and will treat patients with an invalid or not present health card for a fee per Schedule of Fees & Uninsured Services (provided in Orientation Manual).

16 Yonge St., Unit K  
Toronto, Ontario  
M5E 2A1

P: 416.258.2551  
F: 416.266.2955

health@1Clinic.ca

PRIVATE AND CONFIDENTIAL



## **BOOKING APPOINTMENTS**

We encourage patients to conveniently book appointments online at [www.1CLINIC.ca](http://www.1CLINIC.ca). If you do not have online access, please feel free to call the office at 416.258.2551 (ALL1) or come into 1CLINIC and book at the reception/kiosk. Please specify the reason for the appointment to allow an appropriate allocation of time to address your medical concerns. It is very helpful if our staff knows, for example, that the visit is for diabetes, blood pressure medication renewal, pre-operative visit, comprehensive annual health assessment or well-baby visit, so the appointment can be booked properly and run in a timely and efficient manner.

## **FOCUSED APPOINTMENTS**

We take your healthcare concerns seriously, so please be realistic about what we can accomplish in one office visit, as we always want to address your problems thoroughly. We strongly advise when booking appointments to only address one concern at a time to ensure your needs are acknowledged in a timely manner and investigated meticulously.

## **PHYSICIAN – PATIENT CARE**

Patients will be advised to see their primary care doctor for all their concerns to maintain uniform care. This will allow growth of a physician-patient relationship following a meet and greet. The first appointment, a meet and greet, is mandatory to “sign-up”/roster with a primary care physician. To prepare for a meet in greet, please complete the Patient Registration Form which entails a thorough history taking with precise dates, all pertinent test results, previous surgical history, screening updates, vaccination schedules, allergies, family/social history and a complete list of medications. For urgent concerns, patients are welcome to either book a same day appointment with their primary care doctor or use our acute walk-in clinic. All patient files will be accessible to all physicians working at 1CLINIC to ensure centralized care.

## **ANNUAL EXAMS**

1CLINIC's primary focus is preventative care, hence, comprehensive annual health assessments are mandatory for rostered patients. All patients will receive a reminder when their annual exam is approaching to avoid any delays. Each exam is about twenty (20) minutes long and performed by the patient's primary care physician. When booking annual exams, patients should be prepared for a thorough head to toe assessment, urine analysis, fasting blood work, and appropriate screening assessments. One of our priorities is to assure patient comfort and privacy, we have both male and female staff and provide disposable gowns and covers when necessary.

## **PLEASE BRING YOUR MEDICATIONS WITH YOU TO EACH VISIT**

To prevent error and to avoid drug interactions we ask patients to present to their appointment with a list of ALL their medications.

## **PLEASE SCHEDULE YOUR APPOINTMENT BEFORE YOUR MEDICATION HAS FINISHED**

We strongly suggest booking your comprehensive annual health assessment before your medication is finished to avoid any delays in dispensing your prescription(s) at your local or our on-site pharmacy. Prescription renewals ordinarily require an office visit to re-assess the condition requiring the prescription. If you are unable to schedule an appointment to review your medication, we will charge for this service. Please anticipate your renewals, ask for renewals at each visit and bring your medications to your appointments.

**16 Yonge St., Unit K  
Toronto, Ontario  
M5E 2A1**

**P: 416.258.2551  
F: 416.266.2955**

**[health@1Clinic.ca](mailto:health@1Clinic.ca)**

**PRIVATE AND CONFIDENTIAL**



### **PLEASE ARRIVE ON TIME**

We ask that all patients arrive at least 10 minutes prior to their appointment to ensure smooth registration and shorter wait times. If you are running late, please notify us. All patients who arrive late, will try to be accommodated, but it may not always be possible, and may be asked to reschedule. In unforeseen circumstances that your provider is running late, you will be notified.

### **CANCELLATION POLICY**

We understand that things come up and patients are unable to make their appointments. However, no-shows and cancellations made less than 24 BUSINESS hours of their scheduled appointment will result in a cancellation fee per Schedule of Fees and Uninsured Services. No-shows and last minute cancellation fees will be automatically charged to your credit card on file. Please complete the Payment Consent Form and provide a valid credit card on file to guarantee no appointment restrictions.

### **SPECIALTIES AND REFERRALS**

At 1CLINIC, when available, we refer patients to our internal group of specialists to maintain unified patient care. This will allow for a more effective physician-patient relationship and enable the patient to take full advantage of their care being at one location. At times, when our internal specialist are unavailable, we will collaborate with our external group of specialists.

### **PLEASE FOLLOW-UP ON TEST & INVESTIGATIONS**

We strongly believe in patient education and require all patients to book a follow-up appointment with the ordering physician in a timely manner. Despite the results of the test, we will not reveal the outcome over the phone, and mandate patients personally have a discussion with their physician to stay up-to-date and knowledgeable about their current health.

### **SCENT FREE ENVIRONMENT**

Due to many allergies and sensitive patients, we accommodate everyone's preferences by remaining scent-free.

RESPECT At 1CLINIC, we recognize the trust you have awarded us with your wellbeing, and the responsibility we are privileged to provide high quality medical care. We ask in return that you respect our staff and abide to our office's procedures and policies. Inappropriate behaviour in the office will not be tolerated and result in clinic restrictions.





**SCHEDULE OF FEES & UNINSURED SERVICES**

- ALL Missed appointment (24 BUSINESS hours notice required): \$120.00
- No ohip / no valid ohip card: \$120.00 per visit
- Prescription refill by fax: \$30
- Skin tag: \$500.00 (1-5 lesions), \$800.00 (6-10 lesions)
- Mole: \$500.00 per mole
- Wart (ohip only covers liquid nitrogen plantar warts and genitals): \$150.00 per wart
- Sick note: \$30.00
- Leave for work note: \$65.00
- Attending Physician's Statement: \$150.00
- Transfer Legal Documents: \$550.00
- Orthotics/Physio note: \$35.00
- Transfer of medical records: \$50.00
- Travel consultation: \$55.00 per person
- Pre-operative forms: \$50.00

Above fees are for services of average complexity. Actual fee charged may be increased based on complexity of service provided. **All charges are subject to change.** NOTE: For any uninsured services or forms not listed, the doctor's hourly rate will be applied.

**PATIENT ACKNOWLEDGMENT AND AGREEMENT**

At 1CLINIC, we aim to ensure you receive the best possible care in a safe, comfortable, and respectable environment. In order to maintain this philosophy we have explicitly set out the following policies, which are explained in detail in this PATIENT ORIENTATION MANUAL: Patient Rights & Responsibilities, Procedures & Policies and Schedule of Fees & Uninsured Services I, \_\_\_\_\_, have read and fully understand the intent and purpose of the Patient Orientation Manual and that all questions pertaining to this have been addressed. I am signing this agreement without reservation.

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

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

**PAYMENT CONSENT FORM CREDIT CARD AUTHORIZATION AND CONSENT FORM**

I, \_\_\_\_\_ hereby authorize 1CLINIC to charge my credit card for fees outlined in the Patient Orientation Manual (Procedures & Policies and Schedule of Fees & Uninsured Services). **Type of Card:**  Visa  MasterCard  Debit  Other  
Credit card number \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_  
3-digit number on the back of the card \_\_\_\_\_

Signing this, I acknowledge and authorize the automatic charges described hereon and assume full responsibility for said charges. I certify that I have read and agree to honour and abide by the terms of payment as set out by the Patient Orientation Manual (Procedures & Policies and Schedule of Fees & Uninsured Services). A \$20.00 invalid/declined credit card fee will be charged. I am fully aware and understand that any outstanding balances beyond 90 days of notice of charges may affect access to medical services.

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

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

**16 Yonge St., Unit K  
Toronto, Ontario  
M5E 2A1**

**P: 416.258.2551  
F: 416.266.2955**

**health@1Clinic.ca**