

Patient Enrolment Form

Family Medicine New Brunswick (FMNB) is a program led by family doctors under which patients enrolled with an FMNB family doctor have access to primary care from that family doctor and other doctors and health care providers in their family doctor’s FMNB group.

Part A - Application for Enrolment

- (1) I wish to enroll as a patient (the “**Patient**”) of the family doctor named below (“**my Doctor**”) in order to access primary care from my Doctor and other doctors in my Doctor’s FMNB group.
- (2) I agree:
- (a) to contact my Doctor or the FMNB group whenever I need medical advice or treatment, and to avoid the use of other family doctors or after-hours / walk-in clinics when my Doctor or another doctor in the FMNB Group is available;
 - (b) to advise my Doctor of changes in my address or telephone number; and
 - (c) to the additional provisions of Part C (Privacy Consent) and Part D (Other Conditions) on the back of this page.
- (3) I understand that I can access other providers when neither my Doctor nor another doctor in the FMNB Group is available, in an emergency, or when I am travelling away from home.

Patient:				
Name of Patient <i>(Please print in full)</i>				
Date of Birth	Year	Month	Day	Medicare Number:
Patient’s Signature:			Date Signed:	
Guardian: (if applicable)				
Name of Guardian acting for Patient: <i>(Please print)</i>			Relationship to Patient:	
Guardian’s Signature:			Date Signed:	

Part B - Acceptance by Doctor

- (1) I accept the above-named applicant’s enrolment as my patient in the FMNB program, subject to the provisions of Part D (Other Conditions) on the back of this page.
- (2) I agree:
- (a) to provide to the applicant continued health and medical care and access to qualified medical professionals through regular office hours and additional times as may be arranged; and
 - (b) to the additional provisions of Part D (Other Conditions) on the back of this page.

Doctor’s Name:	Date Signed:	Doctor’s Signature:

Part C - Privacy Consent

I understand that my enrolment with my Doctor depends on my commitment to avoid, when reasonably possible, use of health care providers outside my Doctor's FMNB group for primary care. Therefore, I consent to disclosure by the Department of Health to my Doctor of the dates of and services provided to me during any visits I make to doctors outside of my Doctor's FMNB group.

Part D - Other Conditions

- (1) The Patient is not prohibited from seeking medical services from any medical service provider other than the Doctor or other doctors in the FMNB group.
- (2) The Patient's enrolment with the Doctor will continue if the Doctor becomes a member of another FMNB group that provides services in the same geographic area.
- (3) The Patient may cancel enrolment with the Doctor at any time by so advising the Doctor's office or New Brunswick Medicare.
- (4) The Doctor may cancel the Patient's enrolment with the Doctor if:
 - (a) the Patient fails to honour the commitments made in Section (2)(a) of Part A of this form;
 - (b) the Patient moves outside the geographic area where the FMNB group normally provides services;
 - (c) the Patient is admitted to a nursing home for long-term care; or
 - (d) in the Doctor's opinion, circumstances determine that it is not possible to maintain an appropriate doctor-patient relationship.
- (5) The Patient's enrolment with the Doctor will be cancelled if:
 - (a) the Patient enrolls with another doctor participating in the FMNB program;
 - (b) the Doctor is no longer a member of an FMNB group;
 - (c) the Patient is no longer covered by Medicare; or
 - (d) the arrangement between the Department of Health and the New Brunswick Medical Society providing for the FMNB program terminates.

For more information about this Patient Enrolment Form, please visit www.fmnbc.ca.

