

Can Care Clinic for Canadians and Visitors

Patient Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *Province* *ZIP Code*

Home Phone: () _____ Florida Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Florida Address: _____
Street Address *Apartment/Unit #*

City *Zip Code*

Travel Insurance Information

Company _____ Policy #: _____

Agent: _____ Province: _____

Phone #: _____ Company Email _____

Name on Policy: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *Province* *ZIP Code*

Telephone: _____

Relationship: _____