**NORTHH Clinic Intake Form**

Name of Clinic:

City/Town/Community of Clinic:

Primary Physician/Nurse Practitioner contact email:

Primary Administrative contact email:

Clinic IT lead email:

Name and version of EMR:

Participating clinician names and emails:

Email or fax completed form to:

[NORTHH@nosm.ca](mailto:NORTHH@nosm.ca)

807-229-2672 Attn: Dr. Barb Zelek