**EXECUTIVE ASSESSMENT ENROLLMENT FORM**

**First Name:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Last Name:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Health Card Number (include version code) Expiry:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Date of Birth: Place of Birth:**

|  Month |  |  |  Day |  |  |  Year |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Business Name & Address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  Postal Code |  |  |  |  |  |  |  Bus. Tel. |  |  |  |  |  |  |  |  |  |  |  |  |

**Residence Address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Postal Code |  |  |  |  |  |  |
|  Tel. |  |  |  |  |  |  |  |   |  |  | Cell |  |  |  |  |  |  |   |  |  |  |

**E-mail Address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Preferred method of communication:** **E-mail** **Phone**

**Please send Correspondence to** **Business** **Residence**

**Emergency Contact Information:**

|  Full Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Tel. 1 |  |  |  |  |  |  |  |  |  |  |  Tel. 2 |  |  |  |  |  |  |  |  |  |  |
|  Relationship |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

You will be contacted by a Patient Coordinator on behalf of Executive Medical Concierge Canada (2021) Ltd. to confirm your enrollment and to schedule your Executive Assessment. Your employer has agreed to pay in full the cost of your annual Executive Assessment.

By signing below you acknowledge that you have read and understood the terms and conditions attached.

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**Client Signature Date**

**TERMS AND CONDITIONS**

1. The services provided by Executive Medical Concierge Canada (2021) Ltd. (“EMC”) are scheduled executive assessment(s) coordinated through EMCs Executive Patient Coordinator or Nurse Practitioner.
2. EMC provides annual Executive Assessment Programs as well as Executive Medical Navigation Services. **EMC is not an emergency medical service. In the event that you are experiencing a medical emergency please call 911 or proceed directly to the emergency department of your nearest hospital.**
3. EMCs Executive Assessment Program is a one day pre-scheduled visit, which is recommended annually. The fee includes one Executive Assessment visit only.
4. EMC Executive Assessment appointments are reserved for each of EMCs clients with specialized medical professionals at specific times. If a client needs to change an appointment or cancel, all changes made within less than 10 days prior to your appointment will be subject to a service fee automatically charged to your company. Changes within 4-10 business days before your appointment are subject to a rescheduling fee of $50 or cancellation fee of $250. Changes within 1-3 business days before your appointment are subject to a rescheduling fee or cancellation fee of $295. If lab work has been performed prior to any cancellation a fee of $300 will be charged in addition to the cancellation fee to cover the cost of the lab work. Same day changes and no-shows will be charged the full amount.
5. EMC shall be responsible for the coordination of your annual Executive Assessment only. EMC provides no health care services. Services will be arranged as needed by EMC through independent health care provider/s, with follow-up to be provided by the client’s family physician. For greater certainty, but without limiting the foregoing, the following are not covered by your Executive Medical Assessment and are the client’s sole responsibility following the Executive Assessment day: the cost (within or outside of Canada) of medical/health care of any kind (unless covered by your Provincial Health Plan), paramedical care, home care, diagnostic testing, procedures, prescription costs, medico-legal letters/services, insurance assessments/letters, and travel costs.
6. If follow-up specialist medical appointments or diagnostic testing/procedures are recommended by the Executive Medical Assessment report, they will be referred to the client’s family physician for proper follow-up. EMC is not responsible for the client’s ongoing medical care.
7. EMC cannot arrange for the signing of referrals recommended by other physicians, homeopaths, naturopaths or other alternative doctors. Such signature is up to the discretion and independent judgment of the appropriate professional in accordance with accepted medical principles.
8. Services provided by EMC are limited to the client named on the enrollment form only.
9. Clients enrolling in the EMC Executive Assessment program should stay with their family physician. EMC services are complementary to the healthcare system.
10. EMCs Executive Medical Navigation program is not included as part of the Executive Assessment. Clients interested in EMCs Executive Medical Navigation should contact our Executive Patient Coordinator.

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Initials