

GUIDE TO USING THE DEMOGRAPHIC VERIFICATION TOOL

Please use this guide to pre-register for your surgery at North York General Hospital online. If you run into issues, please contact patient registration at 416-756-6200.

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Please visit the North York General Hospital at www.nygh.on.ca.

Under I am a patient or visitor click on **“Pre-registration for your surgery”**

I am a patient or visitor
I am a health care professional

Your visit during COVID-19

During COVID-19, North York General Hospital is committed to continuing to provide exceptional health care. Our emergency department is open and individuals who are seriously ill or injured, or have a life-threatening condition should go to our Charlotte B Lewis Steinberg Emergency. [Limited clinics](#) are available, and some clinics are offering [virtual care](#).

Before coming to hospital, please check our [COVID-19 information](#). To keep everyone safe and stop the spread we will be screening all patients prior to entry.

We have a **no visitor policy** in effect at the **General site**. Exceptions will be made on a case-by-case basis, including those requiring end-of-life care, labouring persons and patients under the age of 18. [Please visit our visitor information page for more about visitor access at Seniors' Health Centres](#)

Virtual Family Visits are being offered to patients/residents and their loved ones as a Patient- and Family-Centred Care initiative during COVID-19. [Please see our visitor information page for full details.](#)

[Virtual care for patients](#) >

[Visiting a patient](#) >

[COVID-19 assessments](#) >

[Changes to services](#) >

[Pre-register for your surgery](#) >

[Our locations and directions](#) >

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On the next page, click on the blue button which reads

“Click here to pre-register online 24-48 hours before your surgery”

Patients and Visitors >
COVID-19 Updates >
Surgery Information

Surgery Information

COVID-19 Updates

Assessment Centres

Service Updates

Surgery Information

NYGH is carefully starting to resume some of the services that were reduced due to COVID-19. Your health and safety is our top priority and we appreciate your patience as we begin the first phase of our recovery plan. Please read the Frequently Asked Questions below for in-patient surgery, day surgery and paediatric in-patient and day surgery.

Click here to pre-register online 24-48 hours before your surgery.

Making a World of Difference

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You will be directed to a webpage which allows you to pre-register for your surgery. Please read the terms of use. Once reviewed the bottom of the page has a disclaimer that must be accepted. **Click “I Accept”**

Disclaimer

NYGH makes no representations, warranties, conditions, promises or indemnities of any kind, express, implied, statutory or otherwise, in respect of the access to and use of the Website. NYGH provides the Website to you on "as is" basis; and hereby disclaims, all warranties and conditions, whether express, implied or statutory, including but not limited to any (if any) warranties of non-infringement, merchantability, fitness for a particular purpose, or lack of virus. No Liability

NYGH is not responsible, and will not be liable to you or anyone else, for any losses, expenses, costs, damages or liabilities or any causes of action, actions, claims, demands, lawsuits or other proceedings, arising out of or in connection with your use, or inability to use, the Website even if NYGH has been advised of the possibility of such damages. Termination of the Service

NYGH may terminate or refuse to allow the use of the Website by any person, for any reason and without notice. You agree that even if NYGH does not insist on or enforce an item in this agreement, they still have the right to insist on and enforce that item.

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On the next page, please enter your first name, last name, postal code and OHIP number as it appears on your health card. Note: middle names are not to be entered in the fields. **Click “submit”**



NYGH: Appointment Verification Tool

4001 Leslie Street, Toronto, ON M2K 1E1
<http://www.nygh.on.ca>

(*) denotes Mandatory fields

First Name: *	<input type="text"/>
Last Name: *	<input type="text"/>
Postal Code: *	<input type="text"/> - <input type="text"/>
OHIP#: * <i>Without Spaces</i>	<input type="text"/>
<input type="button" value="Submit"/>	

If you do not have a healthcard, please [click here](#)





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Once submitted, your appointment (s) should display. Click **“select”** for your surgical visit.

	mrn	Name
Select	1121090	

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On this new screen, you will need to fill out all the information marked with a red asterisk (*).

Note: some information may auto populate, correct any information that is missing or incorrect



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(*) denotes Mandatory fields

PATIENT INFORMATION

Last Name: *

First Name: *

Gender: *

Apt:

Address: *

City: *

Postal Code: *

DOB: *

OHIP#: *

Professional Tel: *

Alternative Tel: () - -

Cell: () - -

EMERGENCY CONTACT INFORMATION

Last Name: *

First Name: *

Telephone: *

Relationship: *

APPOINTMENT DETAILS

Appointment Date(s): * 6/25/2020



**NORTH
YORK**

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Once you have filled out all the mandatory fields, please check the box which states
“I have verified all the above information and agree that it is correct.”
Then click **“Submit”**

I have verified all the above information and agree that it is correct

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You will be redirected to a page which looks like image below. This indicates that you have completed the pre-registration successfully.



NYGH: Demographics Verification Tool

4001 Leslie Street, Toronto, ON M2K 1E1
<http://www.nygh.on.ca>

Thank You! You have successfully submitted your Demographics.

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