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<b>For Office Use Only</b>	<b>Date Received</b>	<b>File #</b>
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## CLIENT INFORMATION/REGISTRATION FORM

Name (as it appears on your Health Card): _____, _____, _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>Initial</span> </div>		
Preferred Name: _____		
Date of Birth: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> <span>dd</span> <span>mm</span> <span>yyyy</span> </div>	Health Card Number: _____ Version: _____ Expiry: _____	

Address: _____, _____, _____, _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Street</span> <span>Apt.</span> <span>City/Town</span> <span>Postal Code</span> </div>			
Mailing Address: _____, _____, _____, _____ <i>(If Different from above)</i> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Street</span> <span>Apt.</span> <span>City/Town</span> <span>Postal Code</span> </div>			
Primary Phone: ( ) _____		Phone 2: ( ) _____	
		Cell: _____	
<b>Number where you can be reached during the day _____ Can we leave a message? ___ Yes ___ No</b>			
Email Address: _____			
Emergency Contact Name: _____		Relation: _____	
Contact Phone: ( ) _____			
Substitute Decision Maker Name: _____		Relation: _____	

### MEDICAL INFORMATION:

Current Family Doctor: \_\_\_\_\_ Location: \_\_\_\_\_

Previous Family doctor: \_\_\_\_\_ Location: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_ Location: \_\_\_\_\_

Are you pregnant?  No  Yes Expected due date: \_\_\_\_\_

## CLIENT INFORMATION/REGISTRATION FORM

Allergies (list any know) <input type="checkbox"/> None	
<b>Drugs</b>	<b>Environmental/Food</b>

Current Medications <input type="checkbox"/> None		
<b>Medication Name</b>	<b>Dosage</b>	<b>How often</b>

**\*\*If more than 3 medications please attached Medication List from Pharmacy**

Medical History <input type="checkbox"/> None			
<b>Current Illness</b>	<b>Year of diagnosis</b>	<b>Past Surgery (s)</b>	<b>Year of Procedure</b>

**Do you receive your health care from any other program here at the Health Centre?**     YES     NO

<input type="checkbox"/> <b>Dental</b>	<input type="checkbox"/> <b>Counselling</b>	<input type="checkbox"/> <b>Diabetes</b>	<input type="checkbox"/> <b>GAIN</b>	<input type="checkbox"/> <b>Smoking</b>	<input type="checkbox"/> <b>OTN</b>
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*I understand that these forms will help determine if I can have services here. Providing any false information will mean I may not be eligible to be a client at this Centre. My information will only be collected, used and disclosed for the purpose of assessing my eligibility, and to coordinate health services and programs by the Community Health Centres of Northumberland and any organization authorized by the Centre, in a manner consistent with the Centre's Privacy Policy.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office use only:*

Date Provider Assigned: \_\_\_\_\_ Provider: \_\_\_\_\_

Date Program assigned: \_\_\_\_\_ Program: \_\_\_\_\_



## UNDERSTANDING AND AGREEMENT

As a Community Health Centre (CHC) we offer a range of primary care and health promotion programs. Both Nurse Practitioners (NP's) and Doctors are lead providers of primary health care in our model and work together to provide the best possible care for each client. Both NP's and Doctors enroll patients and both are trained to assess, diagnose, prescribe, educate, treat, monitor, and refer to specialists that may be required. By filling out this application to become a client of the CHC you understand that once your application is processed you will be assigned to a primary health care provider who will be your main point of contact and who will be the person who leads and coordinates your care. Based on our internal triage criteria, this may be an NP or a Doctor. However, both work together as part of the team and consult with each other and with other specialists and workers involved in your care (e.g. social workers, dietitians, specialized nurses, etc.) whenever necessary. This model allows all members of the team to share in the benefits of each other's knowledge, skills and experiences and to promote optimal well-being for each client. We do not take requests for specific people or for particular disciplines.

I have read and understand the above information and still wish to apply for a health care provider at the Community Health Centres of Northumberland. I understand that once my name comes to the top of the waitlist and I am contacted for an appointment that my name may be removed from the waitlist if I decline to see the person to whom I have been assigned.

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Signature