

**For Office
Use Only**

Date Received:

- Reviewed for completion
- Discussed waitlist
- Offered resources - alternative access to care
- Requests Call from Waitlist Coordinator

PRIMARY CARE WAITLIST / REGISTRATION FORM

***By filling out this form, you will be added to our Primary Care Waitlist. Complete and accurate information allows for appropriate triaging and placement. If there are significant changes in your condition, you may call us to update your application.**

Name You Go By: _____, _____, _____
Last Name First Name Initial

Legal Name (as on Health Card, if different from above): _____

Pronouns (check all that apply): she/her/hers he/him/his they/them/theirs Prefer not to answer
 Not listed (please specify): _____

<p>Date of Birth:</p> <p>____/____/____ <small>DD MM YYYY</small></p>	<p>Health Card Number: _____</p> <p>Version code: _____ Expiry: ____/____/____ <small>(2 letters) DD MM YYYY</small></p>
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Address: _____, _____, _____, _____
Street Apt. City/Town Postal Code

Mailing Address: _____, _____, _____, _____
(If Different from above) Street Apt. City/Town Postal Code

Primary Phone: () _____ **Phone 2:** () _____

We will try your primary phone number first. Can we leave a voicemail? ___ Yes ___ No

Email Address: _____

Emergency Contact Name: _____ **Relation:** _____

Contact Phone: () _____

Substitute Decision Maker Name (if applicable): _____ **Relation:** _____

Contact Phone: () _____

Guardian Name (if applicable): _____ **Contact Phone:** () _____

Current Family Doctor: _____ **Location:** _____

I do not have a Family Doctor or Nurse Practitioner

Previous Family Doctor: _____ **Location:** _____

*How long have you been **without** access to a Doctor/Nurse Practitioner (if applicable):* _____

My previous Family Doctor / Specialist / Pharmacy / Walk-in is able to refill my medications (if applicable): Yes No

Additional comments: _____

Preferred Pharmacy: _____ **Location:** _____

Are you Pregnant? No Yes *Expected due date:* _____

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

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

****If more than 4 medications please attached Medication List from Pharmacy**

Medical & Mental Health Conditions / History <input type="checkbox"/> None			
Condition(s)	Year of diagnosis	Past Surgery (s)	Year of Procedure

Specialists:
(if applicable)

Name (Specialty)	
Name (Specialty)	

Additional comments: _____

Do you receive your health care from any other program here at the Health Centre? No Yes

<input type="checkbox"/> Dental	<input type="checkbox"/> Counselling	<input type="checkbox"/> Diabetes	<input type="checkbox"/> GAIN	<input type="checkbox"/> Group/Program	<input type="checkbox"/> Food Cupboard	<input type="checkbox"/> STOP	<input type="checkbox"/> OTN
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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.

Signature

INFORMATION SHEET

Primary Care Client Registration / Waitlist

You filled out a **Registration Form** to be added to the Primary Care Waitlist at the **Community Health Centres of Northumberland** (99 Toronto Road, Suite 101, Port Hope)

This means you are in need a family doctor / nurse practitioner in the area.

You will NOT receive a call confirming that we received your registration form, due to the high volume of registration forms we receive. If you would like a call from the Primary Care Waitlist Coordinator to discuss your registration form, please leave a voicemail with your name, phone number, and inquiry at 905-885-2626 ext. 223.

Wait times fluctuate. You will get a phone call (on the phone number you listed) when there is an opening with one of our providers (nurse practitioners or physicians).

Visit our website (<https://chcnorthumberland.ca>) to learn more about other programs or services we offer for non-registered clients as well, including:

- Diabetes Education
- Counselling
- Geriatric Assessment & Intervention Network (GAIN)
- Nutrition Counselling
- Dental
- Food Cupboard & Community Food Market
- Health & Wellness Programs / Education & Support Groups

If you are without a local family doctor or nurse practitioner, you may be able to access non-emergency medical care through:

- **East Region Virtual Care Clinic:** <https://www.virtualcareontario.ca/>
Register online or call 1-888-684-1999 (open 1pm-9pm every day)
- **Colborne Rural Outreach Clinic** Location: 34 Victoria St, Colborne
To book an appointment call: 289-265-0505.
- **Port Hope Medical Walk-in Clinic:** <https://www.northumberland.ca/en/living-here/port-hope-medical-walk-in-clinic.aspx>
99 Toronto Rd., 2nd Floor, Port Hope; Phone: 905-885-0062 (Call or visit website for hours)
- **Local Walk-in Clinics**
(I.e. Walmart Bowmanville Walk-In Clinic; Bowmanville Urgent Care Clinic; Grafton Pharmacy-Virtual; Port Hope Guardian Pharmacy- Virtual)

For any emergency / life-threatening care, call 911 or visit your Local Emergency Department

***Please note that our wait list is separate from Health Care Connect. You can be on both waitlists at the same time. If you are not currently rostered with a health care provider, register online with Health Care Connect or call 1-800-445-1822.*