Guelph CHC
growing healthy together

Client Application Form

Applicants must meet our priority population served which is:
living in Guelph **AND** have no current primary care provider **AND** at least two of the criteria listed on the last page of this application.

LOCATION PREFERENCE AND DEMOGRAPHICS

Preferred Intake Location ☐ Downtown – 176Wyndham St North ☐ Shelldale – 20 Shelldale Crescent	**Do any other members of your family attend the clinic at GCHC:** ☐ No ☐ Yes// Name: _____
Legal Last Name (as on Health Card if available)	**Legal First Name (as on Health Card if available)**
Preferred name (if different from legal name):	
Date of birth:	**Preferred pronoun**(he/she/they/other)**:**
Sexual Orientation – please circle one: Bisexual/ Gay/ Heterosexual/ Lesbian/ Queer/ Two-Spirit/ Do Not Know/ Prefer Not to Answer/ Other: Please specify	**Gender Identity** – please circle one: Female/ Male/ Intersex/ Non-Binary/ Trans-Female/ Trans-Male/ Two Spirit/ Do Not Know/ Prefer Not to Answer/ Other: Please specify

ADDRESS AND CONTACT INFORMATION

Address:	**City:**	**Postal code:**
☐ **On Reserve** ☐ **No Fixed Address** ☐ **Shelter (specify):** _____		
Home phone #:	**Cell phone #:**	**Email:**

HEALTH CARD AND INSURANCE

Health card #:	**Version code:**	**Expiry:**	**Interim federal funding #** (if applicable)**:**
Insurance: ☐ Uninsured ☐ Insured in the US ☐ Insured outside of US/Canada ☐ Insured by 3rd party ☐ OHIP eligible but no card ☐ Non-insured – 3 month waiting period			
Drug Plan: ☐ ODSP ☐ Ontario Works ☐ Cancer Drug Program ☐ Seniors Pharmacare Program ☐ 3rd Party Insurance ☐ Trillium ☐ CDA Monitoring for Health Program ☐ Do not know ☐ None ☐Other:_____			

EMERGENCY CONTACT

Name:	**Relationship:**	**Phone #:**

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EDUCATION, INCOME, & FAMILY COMPOSITION

Highest level of education that you have completed:
☐ Too young for primary completion
☐ Primary (Grade 1-8)
☐ Secondary/ Equivalent
☐ College
☐ University Bachelor's
☐ Post Graduate Degree
☐ No formal education
☐ Do Not Know
☐ Prefer Not to Answer
☐ Other: _____

Household composition:
☐ Couple with children
☐ Couple without children
☐ Sole member
☐ Grandparent(s) with grandchild(ren)
☐ Extended family
☐ Unrelated housemates
☐ Siblings
☐ Single parent
☐ Other:_____
☐ Do Not Know
☐ Prefer Not to Answer

Combined annual household income:
☐ $0 to $14,999
☐ $15,000 to $19,999
☐ $20,000 to $24,999
☐ $25,000 to $29,999
☐ $30,000 to $34,999
☐ $35,000 to $39,999
☐ $40,000 to $59,999
☐ $60,000 or more
☐ Do Not Know
☐ Prefer Not to Answer

Number of people supported by this income:

Do you receive financial assistance from Ontario Works or Ontario Disability Support Program?
☐ Yes ☐ No

If yes, name of case worker:

ETHNICITY AND LANGUAGES

Ethnic background (for risk of diseases): Select one that best describes your race or ethnic group.
☐ Asian - East (example: Chinese, Japanese Korean)
☐ Asian – South (example: Indian, Pakistani, Sri Lankan)
☐ Asian – South East (example: Filipino, Vietnamese, Malaysian)
☐ Black – African (example: Ghanaian, Kenyan, Somali)
☐ Black – Caribbean (example: Barbadian/ Bajan, Jamaican)
☐ Black – North American
☐ First Nations
☐ Indian – Caribbean (example: Guyanese w. origins in India)
☐ Indigenous/ Aboriginal
☐ Inuit
☐ Latin American (example: Salvadoran, Argentinean, Chilean)
☐ Metis
☐ Middle Eastern (example: Egyptian, Iranian, Lebanese)
☐ White – European (example: English, Italian, Portuguese, Russian)
☐ White – North American
☐ Mixed heritage. Please specify: _____
☐ Do Not Know
☐ Prefer Not to Answer
☐ Other: Please specify: _____

Country of Birth:

Date of Arrival to Canada (if applicable):

Are you a Canadian citizen:
☐ Yes ☐ No ☐ Unsure

Interpreter required: ☐ Yes ☐ No

Preferred Language(s):

HEALTHCARE PROVIDERS

Currently has NP/MD: ☐Yes ☐No

Name of Current or Previous NP/MD:

Address of Current or Previous NP/MD:

If no current NP/MD, where do you currently receive healthcare?

Reason you are looking to change care providers:
Name any specialists, traditional healers, or other healthcare professionals you see:
Is there anyone whose job it is to help you with your care (i.e. ACT, Support Coordination, CCAC, DSO)?

Have you been a client of Guelph CHC in the past? ☐ Yes ☐ No	**You will be asked to provide consent to get a transfer of records from your previous provider. Are there any concerns you have with that?** ☐ Yes ☐ No ☐ Verbal Consent Obtained to Request Records

MEDICAL AND MEDICATION HISTORY

Please describe any current medical or mental health conditions or concerns:
Consent for Access to PHI via Shared Health Info Systems: In preparation for your first appointment, do you consent for us to obtain/ access information from shared health information systems (ie Clinical Connect). This could include hospital visits, labs and medications. ☐ Yes ☐ No
Do we have your permission to obtain your most recent medication list? ☐ Yes ☐ No
Pharmacy Name: **Phone #:** **Fax #:**
Please list all medications you take on a regular basis or are currently prescribed to take:
Please list any non-prescription medication, traditional medicine, or street use drugs you take:

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WELLBEING INDICATORS	
How would you describe your sense of belonging to your community? (Sense of belonging is when you feel you are a part of something, connected, and accepted) ☐ Very Strong ☐ Somewhat Strong ☐ Somewhat Weak ☐ Very Weak	
In general, would you describe your physical health as: ☐ Excellent ☐ Very Good ☐Good ☐ Fair ☐ Poor	**In general, would you describe your mental health as:** ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Form completed by:_____**on Date:**_____

Referring agency: _____

Additional comments or concerns:

_____

_____

_____

_____

_____

OFFICE USE

Client accepted? ☐ Yes ☐ No **Decision Date:**_____

DETERMINANTS OF HEALTH Client Intake Coordinator Assessment
☐ Homeless/ at risk of homelessness/ vulnerably housed
☐ Low income (per StatCan LICO table)
☐ Newcomer in last 5 years
☐ Language barriers requiring interpretation
☐ Moderate to severe mental health and/ or addiction
☐ Moderate to severe disabilities
☐ Indigenous/ Aboriginal community member
☐ 2SLGBTQI+ community member
☐ Vulnerable children and their families experiencing violence, family conflict, social isolation, attachment struggle
☐ Other marginalized group ie. uninsured, sex trafficked