North Lambton Community Health Centre

Client Application For Primary Care Services

EAST LAMBTON COMMUNITY HEALTH CENTRE – WATFORD

536 Simcoe Street, PO Box689, Watford, Ontario, N0M 2S0, Phone: 519-333-2747

Name: _____ Date of Birth: _____/_____/_____
First Last Day / Month / Year

Address: _____

_____ Postal Code: _____

Telephone #s: Home _____ Work _____ Other _____

Do you have a valid Ontario Health Card? ☐ Yes ☐ No

Are you a permanent resident of the East Lambton Community Health Centre catchment area?
South of Highway 402, West of Lambton County Boundary, Northeast of Mandaumin Road and Churchill Line, & Northeast of Forest Road and Aberfeldy Line

(see map on reverse side of "Dear Applicant" letter) ☐ Yes ☐ No

Did a particular community agency refer you to the East Lambton Community Health Centre?

If yes, which one, (i.e. Canadian Mental Health, Bluewater Health): _____

and who is/are your contact person(s) with this agency ? _____

Is there a Consent Form from the referring agency attached? ☐ Yes ☐ No

Do you presently have a Family Doctor? ☐ Yes ☐ No

If yes, Doctor's name and Location: _____

If no, who was your last Family Doctor: _____ and when did you last see this Doctor: _____

Research has shown that certain groups of people in the Lambton-Sarnia area have difficulties obtaining Primary Health Care. Therefore, the following populations will have priority with regards to acceptance**:**
(please check all that apply to you)

☐ Senior (age 65 & older) ☐ Rural Family ☐ Family with Young Children (under age 5)
☐ First Nation ☐ Person with a disability ☐ None

Which types of transportation do you use most often:
(you may check more than one)

☐ Walking ☐ Bicycle ☐ Bus ☐ Taxi ☐ Friend with a car ☐ Family with a car ☐ Your own car

Please explain the best way for us to contact you: _____

_____

Please complete the back of the form…

We also recognize that there are some medical conditions that may need to take priority on the waiting list. To allow us to prioritize applications and select the most appropriate provider, please complete the following:

Examples of Medical Conditions: (Please check all that apply)

- ☐ Pregnancy
- ☐ Heart Disease (Heart Attack, Angina)
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Stroke
- ☐ Cancer – What Kind _____
- ☐ Newborn or Infant (under 2 years old)
- ☐ Asthma or Lung Disease (COPD)
- ☐ Seizures/Epilepsy/Convulsions
- ☐ Depression or Mental Health Disorder
- ☐ Addiction(s): (please explain)

☐ Other serious medical or special circumstances not listed above (please explain)

_____

_____

Please list all medications you are currently taking: (including non-prescription medications)

Medication Name	Prescription? Yes or No	If prescription medication, who provides the prescription?

Which pharmacy do you use to have your prescriptions filled? _____

Other immediate family members aged 15 years or younger who are also applying to become a client:

Name	Date of Birth	Medical Conditions	Prescriptions

I understand that all personal health information on this form is confidential and will be treated according to the East Lambton Community Health Centre's Privacy Policy, which is available to me on request.

I understand and consent to the use of my personal health information on this form by the East Lambton Community Health Centre's Wait List Management Committee to determine my eligibility for primary care at the Centre.

If my application is accepted, I agree to have my medical records transferred to the East Lambton Community Health Centre. I understand the health care system is under great pressure and "double-doctoring" is not acceptable.

I understand that if I have given false information, I will be excluded from being accepted into this practice. I hereby declare that the above information is up-to-date and correct.

_____

Please Print Name (first / last)

_____ _____

Signature **Date (Day / Month / Year)**