

### North Lambton Community Health Centre – Forest & Kettle Point

#3 - 59 King Street West, Forest, Ontario, N0N 1J0, Phone: 519-786-4545

Hello and thank you for your interest in becoming a registered client of the North Lambton Community Health Centre. The Centre is funded to provide health care services to people living in a specific area, who belong to specific populations, and are Canadian citizens. Before filling out the application please read and understand these specifications:

Clients must live in the services area: (see map on reverse side)

- South of Lake Huron
- North of Highway 402
- West of Ausable River Cut / Lambton County Boundary
- East of County Road 26 (Mandaumin Road)

#### Specific populations:

- First Nation Persons
- Seniors (65 years of age and older)
- Rural Families
- Families with Young Children (5 years of age and younger)

Applicants who do not have a family doctor will be put onto the waiting list ahead of those who do have a family doctor. The Centre takes in applicants from the waiting list based upon the availability of time in the workloads of the physicians and nurse practitioners.

When the Centre is able to take in new clients, and your application is selected, the Centre will send you a letter requesting you to book an appointment. This first mandatory appointment is to meet you, review your application with you, and to explain how the Community Health Centre works. This meeting helps both you and the Centre determine if a good health care relationship can be established.

Please know that your application may be on the waiting list for several months. If you find a family doctor or if any other information on your application changes, (especially phone numbers and/or addresses), please call the Centre to let us know.

We appreciate your patience as we go through this process of managing our waiting list.

Sincerely,

Kathy Bresett
Executive Director

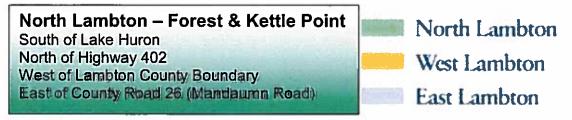
Attachment: Client Application for Primary Care Services

Please see service area map on reverse side.





# **Service Areas:**





# Client Application For Primary Care Services

## NORTH LAMBTON COMMUNITY HEALTH CENTRE - FOREST & KETTLE POINT

#3-59 King Street West, Forest, Ontario, N0N 1J0, Phone: 519-786-4545

Name:	Date of Birth: / / / Day / Month / Year
Address:	Postal Code:
	WorkOther
Are you a Canadian Citizen? ☐ Yes ☐ No	If no, what is your Citizenship?
	□ Yes Health Card #
Are you a permanent resident of the North Lambto South of Lake Huron, North of Highway 402, W County Road #26 (Mandaumin Road)	on Community Health Centre catchment area? est of Ausable River Cut / Lambton County Boundary, & East of
(see map on reverse side of "Dear Applicant" le	etter) 🗆 Yes 🗆 No
Did a particular community agency refer you to the	North Lambton Community Health Centre?
If yes, which one, (i.e. Canadian Mental Health, Bl	uewater Health):
	ency?
Is there a Consent Form from the referring agency	
Do you presently have a Family Doctor?   Ye	es 🗆 No
If <u>ves</u> , Doctor's name:	Doctor's City
If no, who was your last Family Doctor:	and when did you
last see this Doctor:	
Health Care. Therefore, the following populations (please check all that apply to you)	
☐ Senior (age 65 & older) ☐ Rural Fam	ily
☐ First Nation ☐ Person with	h a disability    LGBTQ    None
Which types of transportation do you use most ofte (you may check more than one)	en:
□ 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 allow	also recognize that there are some me v us to prioritize applications and selec	dical conditions that the most approp	nat may need to take priority on the waiting list. To priate provider, please complete the following:	}
Exa	mples of Medical Conditions: (Please	check all that app	ly)	
	Pregnancy Heart Disease (Heart Attack, Angina) High Blood Pressure Diabetes Stroke Cancer – What Kind Other serious medical or special circu	As Se De Ad	ewborn or Infant (under 2 years old) thma or Lung Disease (COPD) eizures/Epilepsy/Convulsions epression or Mental Health Disorder diction(s): (please explain)	
-				
Plea	se list all medications you are curre	ntly taking: (incl	luding non-prescription medications)	
	Medication Name	Prescription? Yes or No	If prescription medication, who provides the prescription?	
Whice	ch pharmacy do you use to have your p	prescriptions filled	?	
	lerstand that all personal health inform n Lambton Community Health Centre's		is confidential and will be treated according to the hich is available to me on request.	†
	munity Health Centre's Wait List Mana		nformation on this form by the North Lambton see to determine my eligibility for primary care at the	е
Heal	application is accepted, I agree to have the care that the health care ptable.	/e my medical rec e system is under	cords transferred to the North Lambton Community great pressure and "double-doctoring" is not	,
	lerstand that if I have given false inforn by declare that the above information is		ccluded from being accepted into this practice. I correct.	
Plea	se Print Name (first / last)			
Sign	ature		Pate (Day / Month / Year)	
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