



East Lambton Community Health Centre – Watford

536 Simcoe Street, PO Box 689, Watford, Ontario, Phone: 519-333-2747

Hello and thank you for your interest in becoming a registered client of the East 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 service area: (see map on reverse side)

- South of Highway 402
- West of Ausable River Cut / Lambton County Boundary
- Northeast of Mandaumin Road and Churchill Line intersection
- Northeast of Forest Road and Aberfeldy Line intersection

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:

East Lambton – Watford

South of Highway 402
West of Lambton County Boundary
Northeast of Mandaumin Road & Churchill Line
Northeast of Forest Road & Aberfeldy Line

- North Lambton
- West Lambton
- East Lambton



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 _____

Are you a Canadian Citizen? Yes No If no, what is your Citizenship? _____

Do you have a valid Ontario Health Card? No Yes Health Card # _____

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: _____ Doctor's City _____

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 LGBTQ 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)

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

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)