

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.

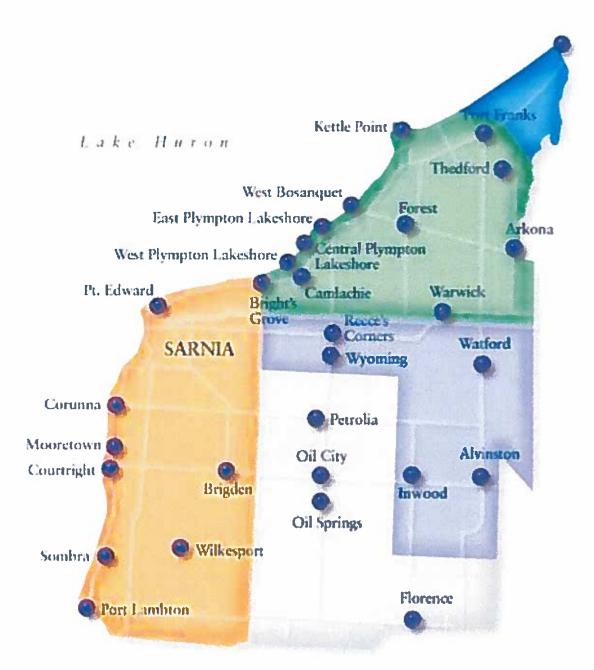
Sincerely,

Kathy Bresett Executive Director

Attachment: Client Application for Primary Care Services

Please see service area map on reverse side.

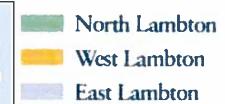




Service Areas:

East Lambton - Watford

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





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

4		
Name:	Date of Birth: / / Day / Month / Year	
	Day / Monut / 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?		
Do you have a valid Official Official Card: DINO Difes Mealt	til Calu #	
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 Cor	mmunity 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 <u>ves,</u> Doctor's name: Doctor's Ci	ity	
If <u>no</u> , who was your last Family Doctor:		
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)	
	□ LGBTQ □ None	
	1 LOSI Q 1 HOIC	
Which types of transportation do you use most often: (you may check more than one)		
□ Walking □ Bicycle □ Bus □ Taxi □ Friend with a ca	ar 🗖 Family with a car 🗖 Your own car	
Please explain the best way for us to contact you:		

Please complete the back of the form...

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We also recognize that there are some me allow us to prioritize applications and sele	edical conditions t ct the most appro	hat may need to take priority on the waiting list. To priate provider, please complete the following:
Examples of Medical Conditions: (Please	check all that app	oly)
□ Pregnancy □ Heart Disease (Heart Attack, Angina □ High Blood Pressure □ Diabetes □ Stroke □ Cancer – What Kind □ Other serious medical or special circ	a)	ewborn or Infant (under 2 years old) sthma or Lung Disease (COPD) eizures/Epilepsy/Convulsions epression or Mental Health Disorder ddiction(s): (please explain) ted above (please explain)
Please list all medications you are curr	ently taking: (inc	luding non-prescription medications)
Medication Name	Prescription? Yes or No	If prescription medication, who provides the prescription
Which pharmacy do you use to have your I understand that all personal health inform East Lambton Community Health Centre's	nation on this form	is confidential and will be treated according to the
I understand and consent to the use of my	personal health i	nformation on this form by the East Lambton ee to determine my eligibility for primary care at the
		cords transferred to the East Lambton Community r great pressure and "double-doctoring" is not
I understand that if I have given false infor hereby declare that the above information		xcluded from being accepted into this practice. I correct.
Please Print Name (first / last)		
Signature	— i	Date (Day / Month / Year)

August 2017

NLCHC Form CL005(EL)