



Registration Form

Last Name: _____ **First Name:** _____ **Preferred Name:** _____

Date of Birth: day ____ month ____ year _____ **Gender:** Male Female
 Transgender: M to F F to M
 Other (please specify) _____

Residence Address: _____
Number & Street Name City Province Postal Code

Mailing Address: P.O. Box: _____ **R.R. #** _____
If different from above

Telephone: Home (_ _) _____ Can we leave a message? Yes No
Cell (_ _) _____ Can we leave a message? Yes No
Work (_ _) _____ Ext _____ Alternate number (_ _) _____

Contact person in case of emergency: _____ **Relationship:** _____

Telephone: Home (_ _) _____ Work (_ _) _____ Ext. _____ Cell (_ _) _____

Other Family contact: _____ **Relationship:** _____

Telephone: Home (_ _) _____ Work (_ _) _____ Ext. _____ Cell (_ _) _____

Health Card: _____ **Version Code (letters):** _____ **Expiry Date:** _____
DD-MM-YYYY

What pharmacy do you use: _____ **Location:** _____

- I currently DO NOT have a doctor or nurse practitioner**
- I currently have a doctor or nurse practitioner but I have difficulty accessing them due to transportation or mobility issues**

I acknowledge and agree that the provision of personal health information by me constitutes my consent to its collection, use and limited disclosure by Seaway Valley Community Health Centre. I understand that the collection, use and limited disclosure of any personal health information will only be for the purposes of providing services and information to me by SVCHC or any organization authorized by SVCHC and only in a manner consistent with SVCHC's Privacy Policy. SVCHC complies with all legislation and other requirements of the Ministry of Health including Ontario's Personal Health Information Protection Policy (PHIPA).

Signature _____ Signature of Guardian _____ Date _____

SOCIO-DEMOGRAPHIC INFORMATION

We know that many things affect our health. We understand that the questions we are asking are personal but your answers are important and will help us provide services and programs that meet the needs of our community. This information is used collectively. All questions are optional.

ORIGIN / CULTURE

White Black Asian Hispanic Aboriginal Other _____

Country of Birth: Canada Other _____ Year of Arrival _____
DD-MM-YYYY

Do you need a translator? Yes No

Primary/Preferred Language English French Other _____

HOUSEHOLD COMPOSITION

Please describe the composition of your household

Couple Single parent – Mother Unrelated housemates
 Couple with child(ren) Single parent – Father Live with extended family
 Live alone Grandparents with grandchildren Other: _____

What is your total FAMILY income ? Check ONE only

0 – 14,999 15,000 – 19,999 20,000 – 24,999 25,000 – 29,999
 30,000 – 34,999 35,000 – 39,999 40,000 – 59,999 Over 60,000

Doesn't know Prefer not to answer

How many people does this income support? _____

What is the source of income for the APPLICANT?

Employed Full time Part time Self-employed
Unemployed Employment Insurance Ontario Works ODSP
Retired CPP/OAS Private Pension Plan Student None

CURRENT OCCUPATION

Please specify: _____

EDUCATION

If age 18 or older, please indicate your highest level of education

Primary School (JK to Gr. 8) Secondary School (Gr. 9 to 12) College University No formal education Other _____

FAMILY CHARACTERISTICS

Please indicate your current relationship status:

Single Married and/or living with a partner Married same sex and/or living with a partner
 Separated Divorced Widowed Other _____

SEXUAL ORIENTATION

Do you identify as:

Straight/heterosexual Gay Bisexual Lesbian
 Other _____ (e.g. questioning, two-spirit)

DISABILITY

Do you have any of the following? NO YES (Check ALL that apply)

Chronic Illness Developmental disability Drug or alcohol dependence
 Learning disability Mental illness Physical disability
 Sensory disability Other _____