Seaway Valley Community Health Centre
Working with you for a Healthier Community

E-Chart #_____
(Office use only)

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 _____

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

Primary/ Preferred Language: ☐ English ☐ French ☐ Other _____

Do you need a translator for visits? ☐ Yes ☐ No

Contact person in case of emergency: _____ Relationship:_____

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

Health Card: _____Version Code (letters): _____ Expiry Date: _____
D-MM-YYYY

What pharmacy do you use: _____ Location: _____

Who is your primary care provider (Physician or Nurse Practitioner)? _____

☐ **I currently DO NOT have a doctor or nurse practitioner in surrounding area**

Consent:

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. I understand that de-identified information will be reported to provincial entities for Quality improvement, data collection for research and/or system planning purposes. 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 _____

HOUSEHOLD COMPOSITION

Please describe the composition of your household

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

What is your total **family** income? **How many people does this income support?** _____

☐ 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

Current Occupation (Please specify): _____

Employed
☐ Full time
☐ Part time
☐ Self-employed

Unemployed
☐ Employment Insurance
☐ Ontario Works
☐ ODSP

Retired
☐ CPP/OAS
☐ Private Pension Plan

☐ Student ☐ None

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 _____

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 _____
☐ Prefer not to answer

SENSE OF BELONGING

How would you describe your sense of belonging to your community?

(Sense of belonging is feeling like you are part of something, connected and accepted – check only one)

☐ Very Strong ☐ Somewhat Strong ☐ Somewhat Weak ☐ Very Weak

In general, would you say your overall physical health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

In general, would you say your overall mental health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor