

Dear Applicant

Thank you for your application to become a primary care client at the West Elgin Community Health Centre. In the package, you will find forms to be completed including:

- A summary of other programs and services offered here. Please check any services you want to learn more about or want a referral to and we will contact you
- Application for Primary Care Services
- Adult AND/OR Child/Youth medical history questionnaire
- Medical History of Treatment for Chronic Non-Cancer Pain must be completed if you are currently taking a "Controlled Substance" medication, such as a pain medication or sedative. These are medications you would need to show personal ID to pick up at the pharmacy. This form is useful to help us better understand your condition and what medications and treatments you have tried in the past.

Please ensure that you fill out each form completely. Failure to do so may result in your application being returned for completion.

ALL individuals who apply will be offered an intake appointment no matter how complex you are. We do not turn away complex clients! We do, however, try and collect sufficient information to gain a picture of the care you will need so we can give each provider a mixture of complex and less complex clients. Please be honest when completing the forms.

Upon receipt of all of your completed forms, your name will be added to our wait list. We will contact you to make an intake appointment as soon as we have an available spot. This may take several months depending on demand - we typically receive new applications every day.

Intake appointments are longer than a typical appointment. It is very important that you come to this appointment or cancel with at least 48 hours notice. Individuals who "no show" for this appointment will have their name removed from or put at the bottom of the wait list.

At your intake visit, we will **not** be prescribing any medications or treatments or complete any forms or referrals. We will review your medical history; discuss your needs and what we are able to offer you at WECHC. Please do not give up your current provider until AFTER your intake visit where you will determine if we are able to meet your needs. If your provider is closing their practice, be sure to get sufficient prescriptions to last several months.

Once you have completed your application form you can drop it off or:

- mail it to: West Elgin Community Health Centre, 153 Main Street, West Lorne, ON. N0L 2P0
- fax it to: West Elgin Community Health Centre 519-768-2548
- we do not recommend e-mailing completed medical forms as e-mail is not a secure system

If you have further questions please contact reception staff or call me at 519-768-1715 ext. 2241.

Sincerely,

Rick van der Heide
Acting Primary Care Services Director

APPLICATION FOR PRIMARY CARE SERVICES

Name: _____ / _____ / _____
First Middle Last Name (All names as on Health Card)

Street: _____
Box # Apt. # or R.R # House # or 911 # Street Name

City / Town Province Postal Code

Health Card OHIP #: _____ Version #: _____ Expiry: _____ / _____ / _____
DD MM YYYY

Date of Birth: _____ / _____ / _____ E-mail: _____
Day Month Year

Please list telephone numbers where you can be reached:

Home: _____ Cell: _____ Work: _____

What number do you want us to use first? Home Cell Work

At what number(s) can we leave a voice message – check all that apply. Home Cell Work

Emergency Contact: _____ Relationship: _____

Current/Previous Care Providers:

Do you currently have a Family Doctor or Nurse Practitioner (provider)? Yes No

Care Providers Name: _____ City: _____

Approximately how many appointments do you typically require from doctor/nurse practitioner each year? This helps us to divide clients with more frequent needs among providers: _____ / year

If you do not currently have a provider, who was your last primary care provider?

Care Providers Name: _____ Date last see: _____ / _____ / _____
Day Month Year

Signature Date: _____ / _____ / _____
Day Month Year

For Centre Use only

1 2 3 4 Provider _____ Time _____

Person Completing form: _____ Relationship to child/Youth: _____

Your answers on this form will help your health care provider get an accurate history of your medical concerns and conditions. Please fill in all pages. If you cannot remember specific details, please provide your best guess. If you are uncomfortable with any question, do not answer it. Thank you!

Immunization Record – Please list below with dates or provide copy of immunization record

IMMUNIZATION	DATES				
DTap-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio, H Influenza)					
Pneu-C-13 - Pneumococcal Conjugate 13					
Rot-1 - Rotavirus					
Men-C-C - Meningococcal Conjugate C					
MMR - Measles, Mumps, Rubella					
Var - varicella					
MMRV - Measles, Mumps, Rubella, Varicella					
Tdap-IPV - Tetanus, diphtheria, pertussis, Polio					
HB - Hepatitis B					
Men-C-ACYW - Meningococcal Conjugate ACYW-135					
Tdap - Tetanus, diphtheria, pertussis					
HPV					
Men-C-ACYW					

Health and Development History

Describe any difficulties or serious illnesses at birth, if any:

Describe your child’s general health (e.g. recurrent colds, ear infections, stomach aches, etc):

How would you describe your child’s emotional, physical, and social growth and development to this point:

Are there presently any serious medical problems? NO YES If yes, list & describe:

Is the child involved with any other specialist/service (CAS) /counselor? Please list below.

Who: _____ When Last seen: _____

Why: _____

Who: _____ When Last seen: _____

Why: _____

Who: _____ When Last seen: _____

Why: _____

Who: _____ When Last seen: _____

Why: _____

Medication	Dose (e.g. mg/pill)	# times/day	Why taking?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies to foods, medications, contact allergies, etc. NO YES If yes, please list:

Allergen	Type of Reaction
_____	_____
_____	_____
_____	_____
_____	_____

<p>Tobacco Use: Has child/youth ever smoked cigarettes: <input type="checkbox"/> No <input type="checkbox"/> Yes Still smoking? <input type="checkbox"/> No <input type="checkbox"/> Yes If they smoked and has quit, list quit date: _____ If quit, how many years did they smoke: _____ If quit, # packs/day did they smoke: _____ Current Smoker: Packs/day _____ # of years _____</p>	<p>Exercise: Does child exercise regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes What kind of exercise? _____ _____ How long do they exercise (minutes) _____ How Often? _____</p>
<p>Alcohol Use: Does child/youth drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes # of drinks/week _____ Beer Wine Liquor</p>	<p>Diet: How would you rate child/youth's nutrition? Good Fair Poor Would you like advice on their diet? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Drug Use: Do they use marijuana/recreational drugs: <input type="checkbox"/> No <input type="checkbox"/> Yes Have they ever used needles to inject drugs: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

SOCIAL HISTORY, GOALS AND SUPPORTS:

This information helps us to better understand who you are, your strengths and your support systems. It will also help to identify your beliefs, values and cultural preferences so that we can incorporate them into your care where possible. If not applicable to child/youth please enter N/A.

Occupation: _____

Employer: _____

Marital status (circle one): Single Partner Married Divorced Widowed

Spouse/partner's name: _____

Number of children: _____ Ages if under 18 years: _____

Do you live alone? _____ If not alone, who lives with you? _____

Do you have access to transportation for appointments/programs/personal needs? _____

State any specific transportation requests/needs: _____

Do you require forms/communication in a language other than English? If yes, what language? _____

Do you require a translator? NO YES If yes, do you have access to a translator to assist you? NO YES

State any specific requests for translator: _____

Please identify any cultural/religious preferences/needs that you would like us to know about so we can incorporate them into your child's care:

Please list any specific goals you would like to work on with your child's care team? _____

Do you have access to sufficient funds/benefits/financial aid to cover costs of meds etc.? NO YES

If no, please explain: _____

Are you receiving ODSP/Ontario Works or other form of financial support to assist you? NO YES

Please list: _____

OTHER SUPPORTS:

Is the child involved with any other specialist/service/CAS/counselor? State name/why seeing/when last seen

Who: _____ When Last seen: _____

WHY _____

Who: _____ When Last seen: _____

WHY _____

Who: _____ When Last seen: _____

WHY _____

Please identify any cultural/religious preferences/needs that you would like us to know about so we can incorporate them into your care:

Please list any specific goals you would like to work on with your care team:

Legal Guardian:

Who has legal guardianship to make child's medical decisions (list all)? List names and contact info below.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If you have legally appointed a Power of Attorney for Personal Care (PAPC) to make health care decisions on your behalf if you became unable to do so, please list their contact information below. If you do not have a PAPC, the law lists who the person would be in order of position (e.g. spouse, parent, child, sibling etc.).

Name: _____ Relationship: _____ Phone: _____

If you have a written Advanced Care Plan, please provide us with a copy for your file.

We know that having conversations about your care wishes can often be difficult. To help to ensure that decisions made on your behalf are in keeping with your beliefs and values, we suggest that everyone, no matter your age or health status, talk about your wishes with your family/substitute decisions makers.

Please list below, anything else you feel it would be helpful for us to know.

Person completing form: _____ Relationship: _____

Signature: _____ Date: _____

Please review the next few pages regarding other services we offer. Services are free and you do not have to see a doctor or nurse practitioner to access these additional services.

We ask that you either check that you do not wish to be contacted or select the services you are interested in learning more about/getting an appointment with.

While you await your intake appointment for Primary Care, please know we have many other services which may be of interest/help to you. A summary of our programs and services is attached (or go to our website: wechc.on.ca

Check off the services below that you wish more information on/would like an appointment with. We will contact you.

I AM NOT INTERESTED IN BEING CONTACTED ABOUT ANY ADDITIONAL SERVICES

OR

I AM INTERESTED IN BEING CONTACTED TO LEARN MORE ABOUT (CHECK ALL THAT APPLY)

- ASSISTED LIVING
- CHIROPODY
- CHRONIC DISEASE MANAGEMENT NURSE PRACTITIONER
- DIABETES EDUCATION PROGRAM
- DIETITIAN SERVICES
- HEALTH PROMOTION
- HOMELESSNESS OR RISK OF HOMELESSNESS SYSTEM NAVIGATION
- LET'S CONNECT
- MENTAL HEALTH SERVICES
- PHYSIOTHERAPY
- SENIORS AND ADULTS WITH DISABILITIES
- SYSTEMS NAVIGATION
- TRANSPORTATION SERVICES

SUMMARY OF PROGRAMS AND SERVICES OFFERED AT WECHC

ASSISTED LIVING: Our qualified Support Workers provide services in the municipalities of Dutton/Dunwich and West Elgin. They can assist with personal care, light housekeeping, laundry services, medication reminders and checks, security checks and social support. There is no cost for services to eligible clients.

CHIROPODY: A Chiropodist is a foot specialist who can assess, diagnose, and treat foot problems. Our Chiropodist can educate you about foot health and prescribe and carry out treatments related to your feet. This program also assesses, prescribes, and provides orthoses (orthotics for your footwear) for a small fee as well as treating diabetic foot ulcers. Prospective clients may book directly with the Chiropodist through our administrative staff for an assessment. The Chiropodist works closely with our Diabetes Education Program and may refer you for those services if indicated. Please note basic footcare such as nail care is not provided by the Chiropodist.

CHRONIC DISEASE MANAGEMENT NURSE PRACTITIONER (CDNP): The CDNP offers group programs and one-on-one sessions for those living with chronic conditions such as pain, chronic obstructive pulmonary disease (COPD), insomnia, heart disease, weight management and more. Our CDNP works closely with clients and their primary care provider to focus on their chronic care needs to help keep them under control and minimize complications.

DIABETES EDUCATION PROGRAM (DEP): Our DEP teams offer individual and group education, diabetes management and support with flexible hours at multiple locations in Elgin County. All adults (18+) living with Type 1 and 2 diabetes or prediabetes, and those at risk for diabetes are invited to access these free services. You may be referred to us by your primary care provider or you can self-refer by calling us. The registered nurses/dietitians work closely with your primary care provider to help you self-manage your diabetes to minimize or delay the onset of diabetes complications.

DIETITIAN SERVICES: We offer free dietitian services to support clients making changes to their diet to prevent chronic diseases, manage conditions, or for individual reasons. Eating healthy doesn't mean restricting yourself or your family. When it comes to food, we promote a philosophy of balance to meet your preferences and goals.

HEALTH PROMOTION: At West Elgin CHC we believe that health is more than just the absence of illness. Wellness includes the ability to participate in maintaining your health and to make informed choices. Health includes a sense of physical, mental, emotional, spiritual, and social well-being. Health Promotion is based on the social determinants of health including food, housing, education, income, peace and justice, physical environment, healthy child development and social supports. By addressing these factors, our health promoters and staff coordinate and facilitate a range of programs including exercise, food, community education and support groups. These programs are aimed to improve the lives and well-being of all participants, including those with chronic diseases or disabilities. Helping you stay healthy is our priority!

HOMELESSNESS OR RISK OF HOMELESSNESS SYSTEM NAVIGATION: We provide Systems Navigation specifically to those who are experiencing homelessness or are at risk of homelessness serving all rural Elgin County (excluding St. Thomas). For more information, or to book an intake appointment with the Rural Homelessness Systems Navigator, please call **519-768-1715, Ext. 2317** or use the **QR code** on the website to access and complete the referral form.

LET'S CONNECT: The Let's Connect team offers a variety of programs and services for children, families, and expectant and new parents. Some of our programs include fun family events, prenatal and infant programming, breastfeeding support, nutrition, and cooking programs. All Let's Connect programs are free. The CENTRE offers youth engagement opportunities through the Youth Advisory Committee. The Let's Connect team continues to explore youth programming for the community.

MENTAL HEALTH SERVICES: Our counsellors provide free, non-judgmental counselling services for people of all ages to help manage short or long-term challenges in a supportive environment. We help you to identify goals and find solutions to address many different challenges including depression, stress, abuse, parenting, grief and loss support, relationship, and family problems and more. In addition to counselling, the team can help clients access services related to housing, finances, crisis management and psychiatry/psychology. To access mental health services, please complete a self-referral form. These can be found at reception or on our website. You will receive a call once the self-referral form is received. Please note, there is a waiting list for mental health services.

NEEDLE EXCHANGE PROGRAM: In partnership with Elgin St. Thomas Public Health (ESTPH), we offer Naloxone kits (nasal spray) and training for those with friends or family at risk of an opioid overdose. We also offer a needle exchange program where you can access supplies at no cost to you. We believe in providing a safe place for people to access clean supplies and dispose of used drug equipment. We do not enable or encourage the use of illicit drugs. This program has been developed to reduce the burden and transmission of illnesses like HIV, Hepatitis B and Hepatitis C while improving safety in our community. No need to book an appointment, walk in and reception will be happy to provide you with supplies.

PHYSIOTHERAPY: The Centre works with West Lorne Talbot Trail Physiotherapy to offer financial support for physiotherapy to individuals. If you do not have physiotherapy benefits or your benefits have run out, call Talbot Trail Physiotherapy (519-768-3998) to see if you meet the criteria for this physiotherapy program. You do not need a medical referral for this service, we accept self-referrals.

SENIORS AND ADULTS WITH DISABILITIES: Community Support Services are an important link in our community allowing seniors and adults with disabilities to remain independent, and able to remain in their own home or community for a longer period. You **do not** have to see a doctor or nurse practitioner at the Centre to access these programs and services. Some of our programs and services include friendly visiting/telephone reassurance checks, meals on wheels, congregate dining, caregiver support, virtual programs, fitness groups, regularly scheduled programs, and activities and much more.

SYSTEMS NAVIGATION: Systems Navigators assist people to understand and find their way through health care, community, and social service systems. There are times when people facing life's challenges do not know what kinds of help are available to them in the community and health care field. Systems Navigators support individuals and families to discover and access appropriate programs and services.

TRANSPORTATION SERVICES: A support service that provides transportation to medical appointments, shopping and to various social activities and programs. Screened volunteers use their own vehicles to provide transportation and a friendly visit along the way. The fare is based on per/km and invoiced monthly. Accessible transportation is also available with our Community Health Shuttle for a fee for service. Our "Gift-a-Ride" program is funded by The United Way of Elgin/St. Thomas and available to individuals' requiring transportation to essential appointments and have insufficient funds.