

Request for Primary Care

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____

_____ **Postal Code:** _____

() _____ () _____

Home Phone:

Mobile Phone:

Email:

Health Card Number: _____ **Version No.:** _____ **Expiry:** _____

CRITERIA (please answer the following)

Do not have a family doctor at the time of presentation to the City Centre Health Care*

AND

Live in the catchment area **bounded by Crawford Ave; Tecumseh Rd; Central Ave and Riverside Drive**
(Provide an address that is within this catchment area in order to receive service from the NP or MD)

OR

No Family Doctor and have a diagnosis of serious mental illness (SMI) living anywhere in Windsor and Essex County

OR

Presently have a Family Doctor and are looking to sign off with your current provider.

None of the above criteria are met.

Reason for Request or Special Needs (also please note if you have terminal illness):**

Current Medical Problems (Check appropriate diagnosis):

- | | | |
|--|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer (receiving treatment) | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Heart Disease/ Stroke | <input type="checkbox"/> COPD/Asthma/Emphysema | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Taking Coumadin/Warfarin | <input type="checkbox"/> Thyroid Disorder |
| <input type="checkbox"/> Dementia/Alzheimer's | <input type="checkbox"/> Disabled (reason _____) | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Organ Transplant | <input type="checkbox"/> Other: _____ | |

Medications:

If accepted as a patient I will arrange, at my own expense, to have my previous medical records forwarded to City Centre Health Care. Initial _____

*** Please forward any available medical information including medications along with referral form if available. Thank You.*

City Centre Health Care is a collaborative community health centre (CHC). Our physicians and nurse practitioners operate as a team along with allied health providers including nurses, therapists, health promoter and a dietitian to provide optimal primary care services for individuals and families.

For office use only:	
Intake visit date:	
Primary Provider:	