

E-Chart #	
	(Office use only)

DUNDAS COUNTY

	Registration F	orm	
Please complete one form per fan	nily member		
Last Name:	First Name:		
Residence Address:			
Mailing Address: P.O. Box: (If different from above)		R.R.#	
City	Province Post	al Code	
Telephone: Home (613)		_)	<u>Ext.</u>
Date of Birth: MM-DD-YYYYY	Gender:	Male	Female
Important: Please ensure that the Vers	sion Code and Expiry Date	are entered when	ı applicable.
Health Card Number:	Version Code:	Expir	y Date YYYY-MM-DD
Emergency Contact:		Relationsh	nip:
Telephone: Home ()			Ext.
I currently do NOT have a do	ctor		
I currently have a doctor but I		ng them.	
Approximate date of last medical			for
Number of Medications			
Any major illness or disease: (ie diabetes cancer, etc)			
	CONSENT	Γ	
I understand that Seaway Valley of permit Seaway Valley CHC and to my health.			
Signature of Client	Signature of	 f Guardian	 Date

CLIENT DEMOGRAHIC INFORMATION

Our funders require us to gather and record basic information about everyone who uses our services. CHC's believe that health is determined by many factors including housing, the environment, education, social support and employment. Please help us to provide services and programs that meet your needs and the needs of our communities by answering the following questions. This information is used collectively. You are not required to answer the questions in order to receive service here.

Primary/Preferred Language English French Other Do you need a translator? Yes No				
Do you need a translator:				
Ethnic Background: Are you: (mark or specify more than one if applicable White (Caucasian) Black Asian Latin American Aboriginal Other				
Country of Origin				
Date of Arrival to this Country mm dd yyyy(If Applicable)				
Combined Annual Income Doesn't know Refuses to Answer 1-14,999 30,000-34,999 15,000-19,999 35,000-39,999 20,000-24,999 40,000-59,999 25,000-29,999 Over 60,000 Number of People Supported by this Income Over 60,000				
Education Unknown None Too Young for Primary Completion (Highest Level Achieved) Primary Secondary Post Secondary				
Place of Residence Shelter Homeless Other temporary Shelter				
Household Composition Mother/Father/Children Single Parent Family (Mother) Sole Member Extended Family Unrelated House Mates Couple Single Parent Family (Father) Single Parent Family (Father) Grandparents with Grandchildren Male Female				
Marital Status Single Married Separated Divorced Other				
For office use only:				
I am aware of my rights and responsibilities as a client of the Seaway Valley CHC. Signature Date:				