



Client No _____

Quest Community Health Centre Client Intake Form

Completing this form is optional. If you are not comfortable with any of the questions, you can ask for clarification or choose not to answer them. The information you provide will help us improve quality of care, and also plan for services and program development. We aim to provide respectful and high quality care to clients with diverse backgrounds and needs. The information may be used in evaluation of Quest CHC services. No names or identifiers will be included in the evaluation process.

REGISTRATION

Date: _____

Legal Name: _____
First Last

Preferred Name: _____
First Last

Date of Birth: ____/____/____ Sex (as per Health Card): Female Male
Day Month Year

What is your gender?

- Female
- Male
- Intersex
- Two Spirit
- Transgender
- Gender queer
- Prefer not to answer
- Do not know
- Other _____

What is your sexual orientation?

- Bisexual
- Lesbian
- Other _____
- Gay
- Queer
- Do Not Know
- Heterosexual
- Two Spirit
- Prefer Not to Answer

Health Card No. _____ Version Code: _____ Expiry date: _____

Address: _____
 Street Number Street Name Unit/Apt. Number

 City Province Postal Code

No fixed address

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Cell Number: (____) _____ - _____

Email: _____

Emergency Contact Name: _____

Phone Number :(____) _____ - _____ **Relationship:** _____

Can we contact you at home? Yes No

Can we leave a message if necessary? Yes No

Can we use your preferred name when we contact you? Yes No

If we cannot contact you, please provide other contact information (e.g.: friend, family, shelter)

Name: _____

Phone Number: (____) _____ - _____

TRANSPORTATION

How will you get to your appointments? _____

Do you experience any difficulties in transportation? _____

PAST HEALTH CARE

Where have you been going for health care? _____

Walk-in clinic Family practice Sexual health centre Emergency/hospital Other

Past health care provider contact information:

Name: _____

Address: _____
Street City Province Postal code

Phone Number: (____) _____ - _____

How did you hear about Quest CHC? _____

SELF-REPORTED DISABILITIES

Do you have any of the following disabilities:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Drug or Alcohol dependence |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Mental health disability | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Sensory disability | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> None |
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Other _____ | |

SOCIAL CULTURE

Preferred Language: _____ Ethnicity/Culture: _____

Which of the following would best describe your racial or ethnic group?

- | | | |
|---|---|--|
| <input type="checkbox"/> Asian-East | <input type="checkbox"/> Asian – South | <input type="checkbox"/> Black-African |
| <input type="checkbox"/> Black- Caribbean | <input type="checkbox"/> Black-North American | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Métis | <input type="checkbox"/> Indigenous Aboriginal |
| <input type="checkbox"/> Indian Caribbean | <input type="checkbox"/> Latin American | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> White European | <input type="checkbox"/> White North American | <input type="checkbox"/> Mixed Heritage |
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Prefer Not to Answer | <input type="checkbox"/> Other |

Background(s): _____

Country of birth: _____ Year of arrival in Canada: _____

Citizenship Status:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Canadian citizen | <input type="checkbox"/> Sponsored refugee | <input type="checkbox"/> U.S Citizen |
| <input type="checkbox"/> Landed immigrant | <input type="checkbox"/> Refugee Claimant | <input type="checkbox"/> Other: _____ |

EDUCATION and/or OCCUPATION

Are you currently attending school? Yes No

If yes, what is the name of the school? _____

If yes, what is your current grade? _____

Highest education level completed:

Primary school (grade 1 – 8 equivalent) College No formal education

High School (grade 9 – 12 or equivalent) University Prefer not to answer

Other: _____

Are you currently enrolled in any educational programs? (e.g. General Equivalency Diploma)

Yes No If yes, please describe: _____

Are you employed? Yes No

If yes, are you employed: Full time Part time Seasonally Other _____

What do you do? _____

INCOME

What is the approximate yearly combined household income?

Less than \$14,999 (\$1,249/month) \$15,000 – \$19,999 (\$1,249-1,667/month)

\$20,000 – \$24,999 (\$1,668-2,083/month) \$25,000 – \$29,999 (\$2,084-2,500/month)

\$30,000 - \$34,999 (\$2,501-2,916/month) \$35,000 - \$39,999 (\$2,917-3,333/month)

\$40,000 – \$59,999 (\$3,334-4,999/month) over \$60,000 (over 5,000/month)

Do not know Prefer not to answer

How many people are supported by this income (including yourself)? _____

Are you struggling to meet your basic needs? Yes No

What is/are your source(s) of income?

Employment

Employment Insurance (EI)

Old Age Pension

WSIB

Ontario Works (OW)

Ontario Disability (ODSP)

CPP Disability

CPP/OAS

Friends

Spousal Support

Family/Spouse

Other _____

MARITAL STATUS

- Single Married Widowed Separated Common-Law Divorced

CURRENT HOUSING SITUATION (Check all that apply)

- Rental House/Apt Living with Family Living on the Street Hotel/Motel
 Transitional Housing Own House or Condo Hospital/Respite Jail
 Living with Friends Subsidized Housing Treatment Program Shelter
 Foster Home Group Home Nursing Home Other _____

Do you have any concerns about where you live? Yes No

If yes, please explain: _____

Who lives with you? _____

Do you have any current legal issues? Yes No

If yes, please explain: _____

The above is accurate to the best of my knowledge.

Client Signature

Date

Signature of Quest CHC Provider who reviewed Client Intake

Date

Quest CHC “Client Rights” reviewed with client/guardian? Yes No

Consent for Personal Health Info signed by client/guardian? Yes No