Client No _____

Quest Community Health Centre
Client Intake Form

We are collecting this information from clients to find out who we serve and what unique needs our clients have. We will also use this information to understand client experiences and outcomes. The information you provide will help us improve quality of care, and also plan for services and program development. 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.

Date: _____

REGISTRATION

Legal Name: _____
First Last

Preferred Name: _____
First Last

Date of Birth: _____/_____/_____ Sex (on Health Card): □ Gender Neutral (X) □ Female
Day Month Year □ Male

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

CONTACT INFORMATION

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

_____
City Province Postal Code

□ No fixed address

Home Telephone: (_____) _____ - _____ Preferred □ Leave a message □ Yes □ No

Work Telephone: (_____) _____ - _____ Preferred □ Leave a message □ Yes □ No

Cell Number: (_____) _____ - _____ Preferred □ Leave a message □ Yes □ No
Can we contact you through text □

Email: _____ Can we contact you through email □

Are you interested in participating in virtual appointments/groups? □ Yes □ No

Are you able to participate in virtual appointments/groups (eg. technology, understanding)?
□ Yes □ No

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

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

Name: _____

Phone Number: (_____) _____ - _____

Do you give us consent to communicate with this individual about your:

Appointment Information □ Yes □ No

Personal Health Information (eg. test results) □ Yes □ No

Do you have a substitute decision maker/legal guardian?

□ No

□ Yes. If so, in what capacity? _____

Substitute decision maker/ legal guardian Name: _____

Phone Number :(_____) _____-_____

Are you connected to any other organizations that provide support to you? □ Yes □ No

If yes, please describe: _____
_____

Do you have a worker/case manager/ trustee? □ Yes □ No

If yes, please describe: _____
_____

Do you have a Coordinated Care Plan (CCP)? □ Yes □ No

If yes, who is the lead? _____

If no, are you interested? _____

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: (_____) _____ - _____

What pharmacy/pharmacies do you use? _____

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SOCIO-DEMOGRAPHIC/ SOCIO-ECONOMIC

What is your gender?

- □ Female
- □ Intersex
- □ Gender Neutral
- □ Gender Queer
- □ Male
- □ Non – Binary
- □ Trans Female
- □ Trans Male
- □ Two Spirit
- □ Other _____
- □ Do not know
- □ Prefer not to answer

What is your sexual orientation?

- □ Asexual
- □ Bisexual
- □ Gay
- □ Heterosexual ("straight")
- □ Lesbian
- □ Pansexual
- □ Queer
- □ Two Spirit
- □ Other _____
- □ Do not know
- □ Prefer not to answer

Highest education level completed:

- □ Primary school (grade 1 – 8 equivalent)
- □ High School (grade 9 – 12 or equivalent)
- □ College
- □ University
- □ No formal education
- □ Prefer not to answer
- □ Other: _____

Are you currently enrolled in any educational programs? (e.g. high school, trade program, academic upgrading, GED)

□ Yes □ No If yes, please describe: _____

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

If yes, what is your current grade or level? _____

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?

- □ Canada Pension Plan (CPP)
- □ CPP-Disability
- □ Employment
- □ Employment Insurance (EI)
- □ Guaranteed Income Supplement or Ontario Guaranteed Annual Income System (GIS/GAINS)
- □ Family/Spouse/Friend
- □ Old Age Security (OAS)
- □ Ontario Disability (ODSP)
- □ Ontario Works (OW)
- □ Spousal/Child Support
- □ Retirement Income
- □ WSIB
- □ None
- □ Other _____

Are you employed? □ Yes □ No

If yes, are you employed:

- □ Full time
- □ Part time
- □ Seasonally
- □ Other: _____

What do you do for work?_____

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What is your current housing situation? Check ALL that apply.

- Boarding Home
- Communal Living
- Group Home
- Hospital/Respite
- Hotel/Motel
- Living on the Street
- Living with Friends/ Family
- Nursing Home
- Own Your Home
- Rental House/Apt
- Rooming House
- Shelter
- Subsidized Housing
- Transitional Housing
- Treatment Program
- Do not know
- Other _____

Who lives with you? _____

Describe your housing situation:

- No problems
- Adequate (minor concerns – eg. drafty windows, conflict with neighbours or other tenants)
- Occasional Problems (eg. issues with physical features of the residence and/or social features such as landlord, other tenants, neighbours)
- Inadequate (eg. issues with physical and/or social features which create ongoing concerns/stress)
- Highly Inadequate (eg. urgent concerns exist over safety, imminent eviction, homelessness)
- Other

Please explain: _____

LANGUAGE

What is your mother tongue?

- □ English
- □ French
- □ Other _____

Which of Canada's Official Languages are you most comfortable in?

- □ English
- □ French

In which language are you most comfortable receiving your healthcare services?_____

BACKGROUND

Which of the following would best describe your racial or ethnic group? Check ONE only.

- Asian – East (eg. Chinese, Japanese, Korean)
- Asian – South (eg. Indian, Pakistan, Sri Lankan)
- Asian – South East (eg. Malaysian, Filipino, Vietnamese)
- Black – African (eg. Ghanaian, Kenyan, Somali)
- Black – Caribbean (eg. Barbadian, Jamaican)
- Black – North American (eg. Canadian, American)
- First Nation
- Indian – Caribbean (eg. Guyanese with origins in India)
- Indigenous/ Aboriginal – not included elsewhere
- Inuit
- Latin American (eg. Argentinean, Chilean, Salvadoran)
- Metis
- Middle Eastern (eg. Egyptian, Iranian, Lebanese)
- White – European (eg. English, Italian, Portuguese, Russian)
- White – North American (eg. Canadian, American)
- Mixed Heritage (eg. Black –Africa & White-North American)
- Other_____
- Do not know
- Prefer not to answer

Were you born in Canada?
- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Do not know

If no, what year did you arrive in Canada? _____

If no, what country were you born in? _____

What is your citizenship status?
- ☐ Canadian Citizen
- ☐ Landed Immigrant
- ☐ No Status
- ☐ Permanent Resident
- ☐ Refugee Claimant
- ☐ Sponsored Refugee
- ☐ Student Visa
- ☐ Visitor Visa
- ☐ Work Visa
- ☐ Other: _____

What is your religious or spiritual affiliation?
- ☐ I do not have one
- ☐ Animism or Shamanism
- ☐ Atheism
- ☐ Baha'i Faith
- ☐ Buddhism
- ☐ Christian
- ☐ Christian Orthodox
- ☐ Confucianism
- ☐ Hinduism
- ☐ Islam
- ☐ Jainism
- ☐ Jehovah's Witnesses
- ☐ Judaism
- ☐ Native Spirituality
- ☐ Pagan
- ☐ Protestant
- ☐ Rastafarianism
- ☐ Roman Catholic
- ☐ Sikhism
- ☐ Spiritual
- ☐ Unitarianism
- ☐ Zoroastrianism
- ☐ Other: _____
- ☐ Do not know
- ☐ Prefer not to answer

DISABILITY

Do you have any of the following disabilities?
- ☐ Chronic Illness
- ☐ Developmental Disability
- ☐ Drug or alcohol dependence
- ☐ Learning Disability
- ☐ Mental Illness
- ☐ Physical Disability
- ☐ Sensory Disability (i.e. hearing or vision loss)
- ☐ Other_____
- ☐ Do not know
- ☐ Prefer not to answer

WELLBEING

How would you describe your physical health?
☐ Not sure ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

How would you rate your mental health?
☐ Not sure ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

How would you describe your sense of belonging to the community?
☐ Very Weak ☐ Somewhat Weak ☐ Somewhat Strong ☐ Very Strong

TRANSPORTATION

How will you get to your appointments? _____

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Do you experience any difficulties in transportation? _____

LEGAL CONCERNS

What is your current Legal Status?

- □ No Problem
- □ Awaiting trial or sentencing
- □ Probation
- □ Parole
- □ Incarcerated
- □ Other
- □ Unknown

Please explain: _____

COMMUNITY CONNECTIONS

Are you interested in finding ways to connect with new people and activities in the community?

□ Yes □ No

If yes, what type of activities do you enjoy?

_____
_____

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/Responsibilities **was reviewed with client/guardian?**
□ **Yes** □ **No**

Statement of Personal Health Information Practices **was reviewed with client/guardian?**
□ **Yes** □ **No**

Consent to the Collection, Use & Disclosure of Personal Health Information **was reviewed/signed by client/guardian?**
□ **Yes** □ **No**

Consent to Electronic Communication **was reviewed/signed by client/guardian?**
□ **Yes** □ **No**