

## Information for applicant - Please Read This First

Thank you for considering the Grand River CHC for your health & wellness needs. The following will answer many of the common questions we receive about intake and our Centre.

### **GRAND RIVER COMMUNITY HEALTH CENTRE**

We believe everyone matters. We provide primary health care services, nutrition services, social work and counselling, health & wellness programs, specialized programs such as Caring for My COPD and Memory Clinics, outreach programs such as Migrant Farm Worker programs, and we participate in a variety of community partnerships and initiatives.

### **PAIN MANAGEMENT AND NARCOTICS**

We do not have the capacity at this time to provide primary health care for individuals requiring narcotics as part of their regular care.

### **CLIENT RIGHTS & RESPONSIBILITIES**

Please read the Client Rights & Responsibilities. If you have any questions or concerns about these rights & responsibilities, please contact our Director of Primary Care and Community Health at extension 255.

## Client Rights and Responsibilities

### Client Rights

Staff, students and volunteers work as a team to ensure client needs are met. This is accomplished by respecting the “client rights.”

#### A client of GRCHC has the right to:

- Be treated in a considerate and respectful manner, where uniqueness is valued, and consideration is given to the client as a whole person.
- A clean, comfortable, scent free, safe and secure environment
- Receive quality services that comply with health care standards
- Make a formal compliment or complaint about care
- Bring a support person to any appointment
- Have personal health information treated in confidence and used in a way that respects individuals’ wishes
- Be advised, in non-clinical terms, of information necessary to give informed consent or refusal to the proposed plan of care, including known risks, alternatives, and cost implications, if any
- Consent to treatment or be informed of the consequences of refusal

### Client Responsibilities

Staff, students, and volunteers commit to working in partnership with clients. Clients are in turn expected to uphold certain responsibilities.

#### A client of GRCHC is responsible to:

- Keep appointments, or to cancel appointments in a timely fashion (24 hrs. notice)
- Arrive at appointments on time
- Act in a considerate, respectful and non-threatening, non aggressive manner towards staff, other clients, and individuals at the Centre
- Inform the Centre of changes in contact information, as an example your address and phone number and contact information of another person if we are unable to reach you.
- Refrain from being under the influence of alcohol or illegal substances (drugs) when visiting the Centre
- Disclose information necessary for care, including the use of outside health care providers
- Follow mutually agreed upon treatment plans or let the Centre know if no longer following the treatment plan
- Attend to personal hygiene appropriate for assessments and treatments prior to coming to the Centre, including providing information about possible bed bugs.
- Use prescriptions and or medical devices as prescribed

We are committed to providing a safe, healthy, secure and respectful environment through the prevention of disruptive behaviours.

**GRCHC has ZERO TOLERANCE for:**

- Loud and/or abusive language
- Threat towards anyone
- Violence/aggression in any form
- Illegal use of drugs
- Use of alcohol and/or intoxication
- Possession of weapons

**Any of the above will result in any of the following:**

- asking the offending person to leave the building
- calling the police
- taking legal action

**Thank you for your cooperation.**



Grand River  
Community  
Health Centre  
363 Colborne Street Brantford ON. N3S 3N2  
Telephone: (519) 754-0777

We are collecting social information from clients to find out what unique needs our clients have. We will also use this information to understand client experiences and outcomes.

## Gender Affirming Clinic Demographic Form

### General Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Version Code (letters): \_\_\_\_\_ Expiry: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(dd) (mm) (yy)

Address: \_\_\_\_\_  
(Apt. #) (No. And Street) (City) (Postal Code)

Preferred Contact #: \_\_\_\_\_ Message allowed? Yes  or No

Back- up Contact #: \_\_\_\_\_ Message allowed? Yes  or No

Your email Address: \_\_\_\_\_

**\*\*at GRCHC we are starting to use email as a way to share information with our clients\*\***

Emergency Contact Name: \_\_\_\_\_ Phone/Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Message allowed? Yes  or No

Biological Sex (check **one**):  Male  Female  Intersex

Gender (check **one**):  Male  Female  Intersex  Trans female to male  Trans male to female  
 Two Spirit  Gender fluid  Other (please specify) \_\_\_\_\_  
 Do not know  Prefer not to answer

**\*Only answer next question if this intake form is for yourself\***

Sexual Orientation (check **one**):  Heterosexual  Gay  Lesbian  Bisexual  Queer  Two Spirit  
 Do not know  Prefer not to answer

### Social/Cultural Information

1. What language do you feel most comfortable speaking in with your health care provider? (check **one** only):

- English    French    Arabic    Bengali    Chinese (Cantonese)    Chinese (Mandarin)  
 Czech    Dari    Farsi    Greek    Hindi    Hungarian  
 Italian    Korean    Nepali    Polish    Portuguese    Punjabi  
 Russian    Serbian    Slovak    Somali    Spanish    Tamil  
 Turkish    Ukrainian    Urdu    Vietnamese    ASL    Mohawk  
 Cayuga    Ojibway    Cree    Other Indigenous (please specify) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_    Do not know    Prefer not to answer

2. What is your current Household composition? (check **one** only):

- Couple with children    Couple without children    Single parent (mother)    Single parent (father)  
 Sole Member    Extended family    Siblings    Unrelated housemate  
 Grandparents with grandchildren

3. Place of residence (check **one** only):

- House/Apartment Condo    Shelter    Homeless

### Ethnic/Cultural Information

1. Were you born in Canada?    Yes    No

a. If NO, when did you arrive in Canada? \_\_\_\_\_ If NO, country of birth? \_\_\_\_\_

Canadian citizen    Permanent resident    Refugee   Other: \_\_\_\_\_

Please circle your answer:

<b>What is your sense of belonging in our community?</b>	Very Strong	Somewhat Strong	Somewhat Weak	Very Weak	Do not know	Prefer not to answer	
<b>What is your assessment of your own physical health?</b>	Excellent	Very Good	Good	Fair	Poor	Do not know	Prefer not to answer
<b>What is your assessment of your own mental health?</b>	Excellent	Very Good	Good	Fair	Poor	Do not know	Prefer not to answer

2. Which of the following best describes your racial or ethnic group?

- Asian-East (e.g. Chinese, Japanese, Korean)
- Asian-South (e.g. Indian, Pakistani, Bangladeshi)
- Asian South-East (e.g. Malaysian, Filipino, Vietnamese)
- Black-African (e.g. Ghanaian, Kenyan, Somali)
- Black-Caribbean (e.g. Barbadian, Jamaican)
- Black-North American (e.g. Canadian, American)
- First Nations
- Indian-Caribbean (e.g. Guyanese with origins in India)
- Indigenous/Aboriginal
- Inuit
- Latin American (e.g. Argentinian, Chilean, Salvadoran)
- Métis
- Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
- White-European (e.g. English, Italian)
- White-North American (e.g. Canadian, American)
- Mixed Heritage (e.g. Black-African & White-North American)
- Do not know
- Prefer not to answer

### Education and Income

1. Highest level of education completed? (check **one** only):

- Primary (grades 1-8)       Secondary (grades 9-13)       College
- University-Bachelors       University-Post Graduate       No formal schooling
- Do not know       Prefer not to answer
- other (please specify): \_\_\_\_\_

2. What is your total household income before taxes last year? (check **one** only)

- \$0 - \$14,999 (\$1,249/month or less; \$7.69/hour or less)
- \$15,000 - \$19,999 (\$1,249 – 1,667/month; \$7.69 - \$10.26/hr)
- \$20,000 - \$24,999 (\$1,667 - \$2,083/month; \$10.26 - \$12.82/hr)
- \$25,000 - \$29,999 (\$2,083 - \$2,500/month; \$12.85 - \$15.38/hr)
- \$30,000 - \$34,999 (\$2,500 - \$2,916/month; \$15.38 - \$17.95/hr)
- \$35,000 - \$39,999 (\$2,916 - \$3,333/month; \$17.95 - \$20.51/hr)
- \$40,000 - \$59,999 (\$3,333 - \$4,999/month; \$20.51 - \$30.77/hr)
- \$60,000 – \$89,999 (\$5,000 - \$6,923/month; \$30.77 - \$46.15/hr)
- \$90,000 - \$119,999 (\$6,923 - \$9,230/month; \$46.15 - \$61.54/hr)
- \$120,000 - \$149,999 (\$9,230 - \$11,538/month; \$61.54 - \$76.93/hr)
- \$150,000 or more (\$11,538/month or more; \$76.93/hr or more)
- Do not know
- Prefer not to answer

3. How many people does this income support in your household?

Including: dependent parents, children, support payments etc.: \_\_\_\_\_

Do not know     Prefer not to answer

**Health Care Providers**

Do you have a current primary care doctor or nurse practitioner? Yes  or No

If YES, full name of doctor/nurse practitioner and the city where located: \_\_\_\_\_

If NO, by signing here you confirm you do not have a current doctor/nurse practitioner: \_\_\_\_\_

When was the last time that you saw a primary care doctor/nurse practitioner? \_\_\_\_\_

Do you see any specialists for your care? Yes  or No

If yes, please complete following table:

Specialist Name	Reason for Visit	Date of Last Visit

**Medical History**

Have you been diagnosed with any medical conditions? Yes  or No

If yes, please complete following table:

Medical Condition (e.g. diabetes, high blood pressure)	Year Diagnosed

Are you, or could you be pregnant? Yes  or No

Have you ever seen a therapist or counsellor for mental health support? Yes  Year: \_\_\_\_\_ No

**Hospital Visits**

Have you been to the hospital (Emergency Department or admitted) in the past year? Yes  or No

If yes, reason for visit/admission: \_\_\_\_\_



Have you had any surgeries? Yes  or No

If yes, please complete following table:

Surgery	Year

**Current Medication**

Are you currently taking any medications? Yes  or No  \*If yes, please complete below table\*

Prescribed Medications (name and dosage)	Prescribed by
Over the Counter Medications	

Name of Pharmacy: \_\_\_\_\_

**Thank you for completing this package. Please read the following and initial each statement:**

The above information is accurate to the best of my knowledge. I understand that if I knowingly give false or misleading information, GRCHC may not be able to offer services.

I understand that my information will be stored in a secure electronic medical record, and will be kept confidential in accordance with the Personal Health Information Protection Act (PHIPA)

Grand River CHC staff work as a team to provide care / services and I understand that I may work with more than one health care professional.

I agree to provide my email address and I agree that GRCHC may contact me using my email for the purpose of providing information regarding specialist appointments, diagnostic testing or information related to our upcoming programs, clinics, and events at GRCHC. I understand that GRCHC cannot guarantee the security of email messages. I understand that email messages may pose a risk to my privacy. I understand at this time, messages from GRCHC will not allow for any email response from me.

I understand that some of the information I have provided is required by the Ministry of Health and Long Term Care. It will help Grand River CHC and our funders plan for, and deliver programs. Grand River CHC will release this information without names or other personal details.

Grand River CHC may need to share personal and medical information with GRCHC staff, and referred specialists, about you to provide the best care/services possible.

Client/Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



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**I have read and understood my rights and responsibilities as a client of the Grand River Community Health Centre.**

Client/Parent/Guardian Name: \_\_\_\_\_ Client signature: \_\_\_\_\_

Date: \_\_\_\_\_