

Dear Applicant:

Thank you for your interest in applying to be a patient of the Grand Bend Area Community Health Centre.

The staff at GBACHC continue to work hard to serve our community. Currently our ability to serve the needs of our growing community is at capacity. After welcoming new clients over the past several years, the health centre has made the difficult decision to suspend the intake of new patients to the primary care team.

Your application will be added to our wait list. We encourage you to continue seeing your current practitioner or apply to other area practitioners as we do not anticipate a quick resolution to our current status. A list of area practitioners is attached for your consideration.

Our System Navigator will contact all waiting list applicants to share information about GBACHC programs that may be of assistance in meeting your wellbeing goals. We will continue to monitor our situation closely making every effort to resume admission of clients at the earliest opportunity.

Sincerely,



Cate Melito  
Executive Director

Health Provider	Catchment	Phone	Address	Accepting Patients
Bluewater Family Health Team	Welcome all patients	519-236-4314	43 Main Street Zurich	Yes
Central Lambton Family Health Team	Welcome all patients	519-882-2500	4130 Glenview Rd. Petrolia,	Yes
South Huron Family Practice Clinic	Exeter and region	519-235-3343	23 Huron St. Exeter	Yes-based on availability
Health Care Connect	Telephone to find a doctor in our region	Service Ontario at 1-866-532-3161 / TTY 1-800-387-5559		
North Lambton Community Health Centre	North of Lambton County, South of Lake Huron, North of Hwy 402, West of Ausable River Cut, East of county Road #26	(519) 786-4545	<b>North Lambton Site</b> 3-59 King St. W Forest, ON N0N 1J0	Yes
East Lambton Community Health Centre	Includes: Watford, Arkona, Inwood, Reeces Corners, Alvinston region	(519) 333-2747	<b>East Lambton Site</b> 536 Simcoe Street PO Box 689 Watford, ON N0M 2S0	Yes
North Middlesex Community Medical Center	Complete application at office	Phone: (519) 293-3981	147 Ailsa Craig Main Street Box 340 Ailsa Craig Ontario N0M 1A0	Placed on a waiting list.
Lucan Medical Centre	Complete application at office	519-227-1163	268 Main St, Lucan, ON N0M 2J0	Yes

Every One Matters.

Tel 519.238.2362 Fax 519.238.6478 [www.gbachc.ca](http://www.gbachc.ca)  
PO Box 1269, 69 Main Street East, Grand Bend, Ontario N0M 1T0

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## Request for Family Physician

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (business) \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Version Code \_\_\_\_\_

Family Members Also making application:	Date of Birth	M/F	Health Card #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you presently have a family doctor?  Yes  No

If yes, doctor's name and location: \_\_\_\_\_

If no, who was your last family doctor and when do you last see him or her?

\_\_\_\_\_

Reason for Request or Special Needs (\*\*also please note if you have a 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"/> Pregnancy                    | <input type="checkbox"/> High Cholesterol    |
| <input type="checkbox"/> Kidney Disease       | <input type="checkbox"/> COPD/Asthma/Emphysema        | <input type="checkbox"/> Asthma/COPD         |
| <input type="checkbox"/> Dementia/Alzheimer's | <input type="checkbox"/> Disabled (reason: _____)     | <input type="checkbox"/> Thyroid disorder    |
| <input type="checkbox"/> Organ transplant     | <input type="checkbox"/> Taking Coumadin/ Warfarin    | <input type="checkbox"/> Other: _____        |

### Medications:

If accepted as a Patient I will arrange, at my expense, to have my previous medical records forwarded to Grand Bend Area CHC.

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

Office Use Only:

Intake visit date: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Nurse Practitioner: \_\_\_\_\_