Grand Bend Area
Community Health Centre
Every One Matters.

Dear Applicant:

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

The staff at the GBACHC continue to work hard to serve our community. As you may be aware, two GBACHC physicians retired in June 2020 and two physicians have been hired to replace them. We are very pleased to have Dr. Erin Wiley and Dr. Skylar Van Osch joining the GBACHC team and community.

Currently our ability to serve the needs of our growing community is at capacity. As a result, the health centre is not admitting 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 and to apply to other area practitioners as we do not anticipate a quick resolution to our current status.

Our system navigator will contact all waiting list applicants to share information about the 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
Chief Executive Officer

Every One Matters
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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? ϒYes ϒ 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)

☐ Diabetes	☐ Cancer (receiving treatment)	☐ High Blood Pressure
☐ Heart Disease/Stroke	☐ Pregnancy	☐ High Cholesterol
☐ Kidney Disease	☐ COPD/Asthma/Emphysema	☐ Asthma/COPD
☐ Dementia/Alzheimer's	☐ Disabled (reason:_____)	☐ Thyroid disorder
☐ Organ transplant	☐ Taking Coumadin/ Warfarin	☐ 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: _____