

December 9, 2021

Dear Applicant:

Thank you for your interest in becoming a primary care patient of the Grand Bend Area Community Health Centre (GBACHC).

Please complete the attached *Request for Physician* application form.

Note – submitting this form does not guarantee admission at this time.

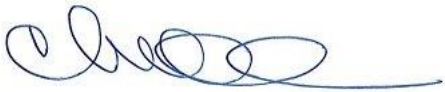
The GBACHC currently has an admission waiting list to which your application will be added. Your admission will be based on a needs assessment, your health and life circumstances, and the order in which the *Request for Physician* application form is received. In the meantime, if you have a family physician, you are encouraged to continue seeing them.

While you wait to be admitted as a primary care patient, please review the GBACHC website for program offerings that may assist you in meeting your health and well-being goals at <https://gbachc.ca/>, or you can request a printed copy of the GBACHC service directory.

In the case of an emergency, please contact your current primary care provider, visit your local emergency department, or call 911.

If you have any questions or concerns, or your health status has changed significantly, please feel free to contact the GBACHC system navigator by calling 519-238-2362 ext. 204.

Best regards,



Chris Harris
Chief Executive Officer



Request for Family Physician

Name: _____ Date of Birth: _____

Street Name and Number: _____ PO Box: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Business: _____

Email Address: _____

Health Card Number: _____ Version Code: _____

Do you presently have a family physician: Yes No

If yes, physician's name and practice location: _____

If no, last physician's name and last seen date: _____

Reason for requesting a family physician and your specific health care needs.

(Please note if you have a terminal illness.): _____

Current Medical Conditions (Check all that apply)

- Diabetes
- Thyroid Disorder
- High Blood Pressure
- Cancer
- Heart Disease/Stroke
- COPD/Asthma/Emphysema
- Kidney Disease
- High Cholesterol
- Dementia/Alzheimer's
- Pregnancy
- Organ Transplant
- Taking Coumadin/Warfarin
- Disability: _____
- Other: _____

List of Medications: _____

Family members also applying	Date of Birth	Gender	Health Card No.

If admitted as a primary care patient, I will arrange at my expense to have my medical records sent to the Grand Bend Area Community Health Centre.

Signature: _____ Date: _____

Office Use Only	Intake Visit Date: _____
Primary Physician: _____	Nurse Practitioner: _____