



<b>FOR OFFICE USE ONLY</b>	<b>CHC Staff Member</b>	<b>Note:</b>
	Date Handed In _____ (mm/dd/year)	Date Entered _____ (mm/dd/year)

## APPLICATION FORM FOR PRIMARY CARE PROVIDER (PLEASE PRINT)

Please place an "X" beside preferred location and return completed form to address shown

- BELLEVILLE** 161 Bridge St. W, Belleville, ON K8P 1K2       **TRENTON** 70 Murphy St., Trenton, ON K8V 0A8

Name (as it appears on your Health Card): _____, _____, _____ Last First Initial		
Preferred Name: _____		
Date of Birth: _____ mm / dd / yy	Health Card Number: _____ Version: _____ Expiry: _____	
I do not have a Health Card <input type="checkbox"/> (Place an "x" if you have never had a health card)		

Address: _____, _____, _____, _____ Street Apt. City/Town Postal Code			
Primary Phone: ( ) _____ Phone other: ( ) _____ Cell: ( ) _____			
<b>Number where you can be reached during the day _____ Can we leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/></b>			
Guardian Name: _____ Contact Phone: ( ) _____ (If submitting an application for a child under the age of 16 years)			

Current Family MD/NP: \_\_\_\_\_ City: \_\_\_\_\_ Last Seen: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are you pregnant?  No  Yes      Expected due date: \_\_\_\_\_

### PHYSICAL AND MENTAL HEALTH

Please tell us about your physical and mental health (current diagnoses, medical conditions etc.)	

What do you need the most help with right now (i.e. housing, mental health, physical health, medical forms, medications, drug/alcohol dependence etc.) \_\_\_\_\_

Do you have any concerns with hearing, vision or language? (Explain) \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (parent/guardian if applicant under 16)** \_\_\_\_\_

## OUR VISION

**Together** achieving health and wellness

### SUPPORTING YOUR HEALTH AND THE HEALTH OF OUR COMMUNITY

Our communities and our clients are the heart of the Belleville & Quinte West Community Health Centre. As such you are encouraged to actively participate in your care; decisions related to your care and the manner in which we provide services.

We will contact you as soon as possible to arrange a first appointment. While you are waiting to hear from us, if you register for health services elsewhere, please let us know.

We look forward to having you become part of the Community Health Centre. In addition to our primary health care services we regularly develop new health promotion and community-based programs and you may find it helpful to join one of our many programs to support you with your health needs. Please check out our web site at [www.bqwchc.com](http://www.bqwchc.com) or visit one of our sites to receive current information about our programs.

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**The information provided on this form is confidential, which means that it will not be shared with anyone outside of our organization. The information will be used to help us manage our intake and waitlists. We may also contact you to see what services might be helpful to you. We will also use non-identifying information (no names, addresses) to help with program planning to help the clients and community we serve. If you have questions about our privacy practices, please contact the Privacy Officer at [privacy@bqwchc.com](mailto:privacy@bqwchc.com).**