Windsor Essex Community Health Centre
Centre de santé communautaire de Windsor Essex
weCHC
Healthcare for You
Des soins de santé pour vous

CLIENT REGISTRATION FORM

The information requested on this form will help WECHC provide you with the best treatment, and will also allow us to evaluate our services. We ask your support in completing the following questions as this will also be helpful to the Ministry of Health and Long-Term Care.

Your participation in completing all of the information (with the exception of your name and health card number), is voluntary; if you chose not to answer any questions, please indicate in the box (☒) prefer not to answer.

Answering as many questions as possible will help us to better meet your needs and provide continuity of care in a safe environment. Also, while the information provided may be used in evaluation reports, your name will not be included in these reports. Thank you for your cooperation.

NAME: _____ _____ _____ DATE OF BIRTH ___/___/____
(LAST NAME) (FIRST NAME) (MIDDLE NAME) Day Mon Year

ADDRESS: _____ _____ _____ ____ _____
FULL ADDRESS APT # CITY PROV. POSTAL CODE

❑ No Fixed Address E-Mail address: _____

****CONTACT NUMBERS****
Main Contact Number: _____ Secondary Contact Number (Optional): _____

SEX: ❑ Male ❑ Female ❑ Other: _____ **RELIGION:** _____

PARENT/GUARDIAN NAME:_____ Telephone Number: _____
(Only complete if you are authorizing WECHC to contact parent/guardian, otherwise please leave blank).

SPOKEN LANGUAGE: ❑ English ❑ French ❑ Other _____ ❑ Needs Interpreter

ONTARIO HEALTH CARD #_____ **VERSION CODE** _____

IF YOU DO NOT HAVE A HEALTH CARD, Other Insurance Status:
❑ Metis Number ❑ Military/DND Health Card ❑ N Number ❑ Not Insured

❑ Other _____ ❑ RCMP ❑ Refugee Number: _____

❑ Insured outside Ontario – where?_____

Pharmacy Name & Location: _____

Name of Nurse Practitioner or Family Doctor: _____

IN CASE OF EMERGENCY, NOTIFY: _____
(PRINT NAME)

Relationship: _____ Telephone: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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Do you have any of the following? (please check √ all that apply)

Disabilities

☐	Chronic illness	☐	Developmental disability	☐	Drug or alcohol dependence
☐	Mental illness	☐	Physical Disability	☐	Sensory disability
☐	Other (please specify):				
☐	None	☐	Do not know	☐	Prefer not to answer

Gender

☐	Female	☐	Male	☐	Intersex
☐	Trans-Female to Male	☐	Trans-Male to Female	☐	Two Spirit
☐	Other (please specify):				
☐	Do not know	☐	Prefer not to answer		

Racial or Ethnic Group (please check one only √):

☐	Asian – East	☐	Asian – South	☐	Asian – South East
☐	Black – African	☐	Black – Caribbean	☐	Black – North American
☐	First Nations	☐	Indian – Caribbean	☐	Indigenous/Aboriginal
☐	Inuit	☐	Latin American	☐	Metis
☐	Middle Eastern	☐	White – European	☐	White – North American
☐	Mixed Heritage (please specify):			☐	Other (please specify):
☐	Do not know	☐	Prefer not to answer	☐	

Citizenship (please check one only √):

☐	Canadian	☐	Landed Immigrant	☐	Refugee
☐	North American Indian	☐	Other (please specify):	☐	Prefer not to answer

☐	**Country of Birth:**	If born outside of Canada, date of arrival, if known:

Sexual Orientation (please check one only √):

☐	Bisexual	☐	Gay	☐	Heterosexual
☐	Lesbian	☐	Queer	☐	Two-Spirit
☐	Other (please specify):				
☐	Do not know	☐	Prefer not to answer		

Combined Annual Income - All living in your home (please check one only √**):**

☐	0-14,999	☐	15,000 - 19,999	☐	20,000 - 24,999	☐	25,000 - 29,999	☐	30,000 - 34,999
☐	35,000 – 39,999	☐	40,000 – 59,999	☐	60,000 or greater	☐	Do not know	☐	Prefer not to answer

☐ Number of people supported by this income: _____ ❑ Do not know ❑ Prefer Not to Answer

Household Composition – That is who lives at your home (please check √ all that apply)

☐	Mother, Father Child(ren)	☐	Couple without child	☐	Sole Member (living alone)
☐	Grandparents with grandchild(ren)	☐	Extended Family	☐	Unrelated Housemates
☐	Siblings	☐	Single Parent Family (mother head)	☐	Single Parent Family (father head)
☐	Same Sex Couple	☐	Other:	☐	Prefer not to answer

Highest Education Level (please check one only √):

☐	Primary (Grades 1-8) or equivalent	☐	Secondary (Grades 9-12) or equivalent	☐	Post-Secondary or equivalent
☐	Too Young for Primary Completion	☐	No Formal Education	☐	Do not know
☐	Prefer not to answer	Other:			

Wellbeing Indicators (please check one only √):

Self-Rated Mental Health

☐	Excellent	☐	Very Good	☐	Good	☐	Fair	☐	Poor	☐	Prefer not to answer

Self-Rated Physical Health

☐	Excellent	☐	Very Good	☐	Good	☐	Fair	☐	Poor	☐	Prefer not to answer

Sense of Community Belonging

☐	Very Strong	☐	Somewhat Strong	☐	Somewhat Weak	☐	Very Weak	☐	Prefer not to answer

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