London InterCommunity Health Centre

Walk-In Client Intake Inquiry Form for Centralized Primary Care Intake

****PLEASE DROP OFF FORM AT OUR 659 DUNDAS ST. OR 1355 HURON ST. LOCATION****

Thank you for your interest in our primary care services. Please note that availability is limited, and we may not be able to connect you with a doctor or nurse practitioner. The information you provide will be shared with a system navigator**,** who will contact you to discuss the next steps.

Last name:	First name:	Date of Inquiry *(YYYY-MM-DD)*:

Phone number:	Address:	Date of Birth *(YYYY-MM-DD)*:

Is there an agency or organization which you frequently attend to get ahold of you? **YES** ☐ **/ NO** ☐

If **YES**, what is the **name of the organization:**

Do we have your consent to leave a message with staff there? **YES** ☐ **/ NO** ☐

What best describes your current housing situation

☐ Stable housing
☐ Temporary housing
☐ Staying with family or friends
☐ Shelter or emergency housing
☐ No fixed address
☐ At risk of losing housing
☐ Other

Primary Spoken Language:

Status in Canada:

Have you had a primary care provider within the last year? (Relying on walk-in clinics does not count as having a primary care provider.) **YES** ☐ **/ NO** ☐

If **YES:**

1. What was the name of your provider**:**

2. What are your reasons for wanting to change providers**:**