Access Alliance
Multicultural Health and Community Services

For Office Use Only:
CHART #:

CLIENT / PATIENT REGISTRATION FORM

DO I HAVE TO ANSWER ALL THE QUESTIONS?
Yes, this form must be completed and submitted to the reception desk. All questions must have an answer in order for us to process the form. For any questions that you do not feel comfortable answering, you may select "Prefer not to answer". If you need help to fill out the form, let us know and we can provide assistance.
WHY DO WE COLLECT THIS INFORMATION?
This information is important to be able to contact you when necessary, to provide you with the best care possible, conduct research for improving the quality of care for you, and to provide with needs-informed programs and services for our clients.
WHO WILL SEE THIS INFORMATION?
Your information will be protected like all other health and personal information. Your information will not be released unless required by Ministry of Health or Law. Your information will be visible only to the Centre staff who provide you with service or care.

GENERAL INFORMATION		
First name:	**Middle name:**	**Last name:**
Preferred name: (nickname/other name you use)		**Birth date:** (mm/dd/yyyy)
What is your sex? ❑ **Female** ❑ **Male** ❑ **Other:** _____		
Address: (street number and name)		**Apartment #:**
City/Town:	**Province:**	**Postal code:**
Email address:		❑ **I don't have an e-mail address**
Home phone number:	**Work phone number:**	**Cell phone number:**
Emergency contact name: _____		**Phone number:** _____
Relationship to you? (e.g. spouse, son, daughter, mother, friend, etc.) _____		
Parent/ Guardian name (For children / youth) **:** _____		**Phone number:** _____

INSURANCE

If you have OHIP, what is your OHIP card #: _____ (include version code)

If you do not have OHIP, what is your current health insurance status? (Please show your documents to reception staff)

❑ **No Insurance (Non-Insured)**
❑ **3 month waiting period for OHIP**
❑ **Do not know**
❑ **Prefer not to answer**
❑ **Interim Federal Health (IFH), #**_____
❑ **Private Insurance/Third Party Coverage, #**_____
❑ **Other insurance/provincial health card, #**_____
❑ **Indigenous healthcare program (NIHB) #**_____

Please provide details about any drug benefits you may carry:
❑ **Ontario Disability Support Program (ODSP)**
❑ **Ontario Works**
❑ **Ontario Drug Benefits (ODB)**
❑ **Trillium Drug Program**
❑ **Cancer Care (New Drugs Funding Program)**
❑ **Special Drugs Program (SDP)**
❑ **3rd party private insurance**

Number: _____
Expiry Date: _____
Comments: _____

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LANGUAGE

What is your mother tongue (first learned language): ❑ English ❑ French Other: _____

If your mother tongue is neither French nor English, in which of Canada's official languages are you more comfortable with?

❑ English ❑ French

Do you require language interpretation? ❑ Yes ❑ No

What language would you feel most comfortable speaking in with your service provider? Check ALL that apply

- ❑ English
- ❑ French
- ❑ Albanian
- ❑ Amharic
- ❑ Arabic
- ❑ American Sign Language
- ❑ Bengali
- ❑ Bulgarian
- ❑ Burmese
- ❑ Chinese (Cantonese)
- ❑ Creole
- ❑ Czech
- ❑ Dari (Old Persian)
- ❑ Farsi (Persian)
- ❑ Georgian
- ❑ Gujarati
- ❑ Greek
- ❑ Hausa
- ❑ Hebrew
- ❑ Hindi
- ❑ Hungarian
- ❑ Italian
- ❑ Karen/ Sgaw
- ❑ Korean
- ❑ Kirundi
- ❑ Low German
- ❑ Chinese (Mandarin)
- ❑ Nepali
- ❑ Pashto
- ❑ Polish
- ❑ Portuguese
- ❑ Punjabi
- ❑ Rohingya
- ❑ Russian
- ❑ Serbian
- ❑ Slovak
- ❑ Somali
- ❑ Spanish
- ❑ Swahili
- ❑ Tagalog
- ❑ Tamil
- ❑ Thai
- ❑ Taishanese /Toishanese
- ❑ Tibetan
- ❑ Tigrinya
- ❑ Turkish
- ❑ Twi
- ❑ Ukrainian
- ❑ Urdu
- ❑ Vietnamese
- ❑ Yoruba
- ❑ Other, specify: _____
- ❑ Prefer not to answer
- ❑ Do not know

IDENTITY

Were you born in Canada? ❑ Yes ❑ No ❑ Do not know ❑ Prefer not to answer

If NOT born in Canada,
What year did you arrive in Canada? _____ **(YYYY)** **Which country were you born in?** _____

Do you identify as First Nations, Métis and/or Inuk/Inuit? Check ALL that apply

❑ Yes, First Nations ❑ Yes, Inuk/Inuit ❑ Yes, Métis ❑ No ❑ Do not know ❑ Prefer not to answer

What is your ethnic or cultural background? For example: Canadian, Chinese, East Indian, Filipino, French, Jamaican, Portuguese, etc.

_____

Which of the following best describes your racial group? Check ALL that apply, for example if you are multi-racial or mixed race

- ❑ White - European (E.g., English, Italian, Portuguese, Russian)
- ❑ Latin American (e.g., Argentinean, Chilean, Salvadoran)
- ❑ Black - African, Caribbean, North American
- ❑ Asian - East (e.g., Chinese, Japanese, Korean)
- ❑ Asian - South (e.g. Indian, Pakistani, Sri Lankan)
- ❑ Asian - South East (e.g., Malaysian, Filipino, Vietnamese)
- ❑ Middle Eastern (e.g., Egyptian, Iranian, Lebanese)
- ❑ Indigenous (e.g., First Nations, Inuit, Métis)
- ❑ Other(s), Please specify: _____
- ❑ Prefer not to answer
- ❑ Do not know

***If not born in Canada*, what was your immigration status when you first came to Canada?** Check ONE only

- ❑ Permanent Resident – *Economic immigrant* or family class (came through Federal Skilled Worker, Federal Skilled Trade Program, Family Sponsorship, Provincial Nominee, Immigrant Investor or Federal Entrepreneur Program, etc.)
- ❑ Convention Refugee / Protected person
- ❑ Government Assisted Refugee
- ❑ Privately Sponsored Refugee
- ❑ Blended Visa-office Referred program Refugee
- ❑ Refugee claimant
- ❑ Non-Status
- ❑ Live-in caregiver
- ❑ Temporary Foreign Worker program
- ❑ Seasonal Agricultural Worker program
- ❑ Student Authorization (Student visa)
- ❑ Visitor Visa
- ❑ Parent/Grandparent Super Visa
- ❑ Prefer not to answer
- ❑ Do not know (Miscellaneous)

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What is your current immigration status? Check ONE only

- ❑ Canadian Citizen
- ❑ Permanent Resident
- ❑ Convention Refugee/ Protected person
- ❑ Government Assisted Refugee
- ❑ Privately Sponsored Refugee
- ❑ Blended Visa-office Referred Program Refugee
- ❑ Refugee claimant
- ❑ Non-Status
- ❑ Humanitarian or Compassionate process
- ❑ Live-in Caregiver
- ❑ Temporary Foreign Worker
- ❑ Seasonal Agricultural Worker
- ❑ Student Authorization (Student Visa)
- ❑ Visitor Visa
- ❑ Prefer not to answer
- ❑ Do not know

If applicable, please add your immigration (UCI) #: _____

GENDER/ORIENTATION *(optional for children under 13 years old)*

What is your sex assigned at birth? ❑ Female ❑ Male ❑ Intersex ❑ Do not know ❑ Prefer not to answer

What is your current gender identity? Check ALL that apply

- ❑ Woman
- ❑ Man
- ❑ Non-binary
- ❑ Questioning of unsure
- ❑ Genderfluid or genderqueer
- ❑ Two-spirit
- ❑ Other, please specify: _____
- ❑ Prefer not to answer
- ❑ Do not know

Which category(ies) best describe your sexual orientation?
Check ALL that apply

- ❑ Asexual
- ❑ Bisexual
- ❑ Demisexual
- ❑ Gay
- ❑ Lesbian
- ❑ Pansexual
- ❑ Queer
- ❑ Questioning or unsure
- ❑ Heterosexual ("straight")
- ❑ Same-gender loving
- ❑ Two-spirit
- ❑ Other, please specify: _____
- ❑ Prefer not to answer
- ❑ Do not know

Do you identify as transgender? ❑ Yes ❑ No ❑ Do not know ❑ Prefer not to answer
Transgender is an umbrella term used to describe people whose gender identity or gender expression differs from the sex they were assigned at birth

EDUCATION/INCOME

What is your current level of education? Check ONE only

- ❑ No formal schooling
- ❑ Grade school (Grade 1-8)
- ❑ Some high school, but did not graduate
- ❑ High school or high school equivalent (grade 9-12)
- ❑ Completed or ongoing registered apprenticeship or trade certificate/diploma
- ❑ College, CEGEP, or other non-university certificate/diploma (or ongoing)
- ❑ Undergraduate degree or some university
- ❑ Postgraduate degree or professional designation (e.g Master's, PhD, MD)
- ❑ Do not know
- ❑ Prefer not to answer

What was your total annual family income before taxes last year? Check ONE only, including social assistance (Ex: OW, ODSP, etc.)

Yearly income	Per month	Per hour	
❑ $0 - $19,999	$0 - $1,667	$0 - $10.26/hr	❑ Do not know
❑ $20,000 - $39,999	$1,668 - $3,333	$10.27 - $20.51/hr	❑ Prefer not to answer
❑ $40,000 - $59,999	$3,334 - $4,999	$20.52 - $30.77/hr	
❑ $60,000 - $79,999	$5,000 - $6,667	$30.78 - $38.46/hr	
❑ $80,000 - $119,999	$6,668 - $9,999	$38.47 - $61.54/hr	
❑ $120,000 - $149,999	$10,000 - $12,499	$61.55 - $76.92/hr	
❑ $150,000 or more	$12,500 or more	$76.93 and up/hr	

How many people does this income support? (Include yourself & dependents) _____ **person(s)** ❑ Prefer not to answer ❑ Do not know

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WELLBEING

Do you identify as a person with a disability? ❑ Yes ❑ No ❑ Do not know ❑ Prefer not to answer

If you do identify as someone with a disability, what disability do you have: _____

Could you benefit from support related to any of the following? Check ALL that apply

- ❑ Alzheimer's Disease/Dementia
- ❑ Autism Spectrum Disorder
- ❑ Chronic Illness
- ❑ Cognitive Disability
- ❑ Developmental Disability
- ❑ Drug or Alcohol dependence
- ❑ Learning Disability
- ❑ Mental Illness
- ❑ Physical Disability
- ❑ Sensory Disability (Ex: Hearing, vision)
- ❑ None
- ❑ Prefer not to answer
- ❑ Do not know
- ❑ Other: _____

How would you describe your sense of belonging to your neighbourhood or local community? Check ONE Only

(Sense of belonging is feeling like you are part of something, connected and accepted)

❑ Very Weak ❑ Somewhat Weak ❑ Somewhat Strong ❑ Very Strong ❑ Do not know ❑ Prefer not to answer

In general, would you say your overall physical health is: Check ONE Only

❑ Poor ❑ Fair ❑ Good ❑ Very Good ❑ Excellent ❑ Do not know ❑ Prefer not to answer

In general, would you say your overall mental health is: Check ONE Only

❑ Poor ❑ Fair ❑ Good ❑ Very Good ❑ Excellent ❑ Do not know ❑ Prefer not to answer

HOUSING

What is your current housing situation? Check ONE only

- ❑ A home you rent
- ❑ A home you own
- ❑ Someone else's home
- ❑ Living with extended family
- ❑ Experiencing Homelessness
- ❑ Social housing
- ❑ Correctional Facility
- ❑ Long-term care facility
- ❑ Supportive housing / group home
- ❑ Other: _____
- ❑ Prefer not to answer
- ❑ Do not know

Who do you currently live with? Check ALL that apply

- ❑ Parent(s) or Guardian(s)
- ❑ Spouse or Partner
- ❑ Child(ren)
- ❑ Grandparent(s)
- ❑ Sibling(s)
- ❑ Other Family
- ❑ Paid Caregiver or Attendant
- ❑ Alone
- ❑ Other: _____
- ❑ Prefer not to answer
- ❑ Do not know

BASIC NEEDS

Do you currently have difficulty paying for basic needs? (Ex: Food, bills, housing)

❑ Yes ❑ No ❑ I do not have to pay for basic needs ❑ Do not know ❑ Prefer not to answer

Thank you

For Office Use Only:

Collected by: Name & date:

Entered by: Name & date: