WINDSOR
Family | Health | Team

PATIENT ENROLMENT DATA

Before completing, please read our privacy policy to learn more about our practices regarding collecting, using, disclosing, protecting, and managing personal information. www.windsorfht.ca

Last Name: _____ First Name: _____ Initial: _____

Preferred Name: _____

Date of Birth: _____ Sex: _____

Street Address: _____

City: _____ Postal Code: _____

Health Card Number: _____ Version Code: _____ Expiration: _____

Primary Phone: _____ ☐ Mobile ☐ Home ☐ Other

Secondary Phone: _____ ☐ Mobile ☐ Home ☐ Other

Emergency Contact: _____ Phone: _____

Former Family Physician: _____

Preferred Pharmacy Name/Location: _____

The Windsor Family Health Team is transitioning to a more digital approach for communication, which includes appointment reminders via email.
Please provide your email address: _____

By providing your email address, you agree to receive email communications from WFHT and Ocean by CognisantMD.

By submitting a completed enrolment form, you acknowledge that you have read and agree to our patient rights and responsibilities, as set out in our Welcome Package . A doctor-patient relationship is not established until you have had your first appointment. More information can be found on our website http://www.windsorfht.ca/patient-info

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Please list any medications you are currently taking

Current Medications (Name/Dose/Frequency)	

Please list previous surgeries and dates

Previous Surgical History and Date Performed	

Please list any allergies and their reactions

Allergy/Reactions	

Are there any other doctors or specialists involved in your care?

Doctor/Specialty	

Information collected is to provide you with the best possible care. If you prefer to discuss a part of this form in person, please leave that section blank. This information will not be shared outside your circle of care without consent, unless legally required, nor will it be used to determine patient eligibility.

Personal and Family Medical History

Please check all that apply. Left checkbox "myself" is if the illness or condition applies to you. The right check box is if there is a family history of an *immediate* family member. (Parent, Grandparents, Siblings, Children).

Condition	Myself	Family	Condition	Myself	Family
Allergies	☐	☐	Gerd	☐	☐
Anemia	☐	☐	Glaucoma	☐	☐
Anxiety	☐	☐	Headaches/Migraines	☐	☐
Arthritis	☐	☐	Heart Attack	☐	☐
Asthma	☐	☐	HIV/AIDS	☐	☐
Bleeding Disorder	☐	☐	High Cholesterol	☐	☐
Blood Transfusion	☐	☐	Hypertension (high blood pressure)	☐	☐
Bowel Disease	☐	☐	Kidney Disease	☐	☐
Cancer (describe below)	☐	☐	Liver Disease	☐	☐
Congestive Heart Failure	☐	☐	Mental Health Disorder (describe below)	☐	☐
COPD (lung disease)	☐	☐	Nerve/Muscle Disease	☐	☐
Coronary Artery Disease	☐	☐	Osteoporosis	☐	☐
Depression	☐	☐	Seizures	☐	☐
Diabetes Millitus	☐	☐	Stroke	☐	☐
Diverticulitis	☐	☐	Tuberculosis	☐	☐

Additional Comments:

_____

_____

_____

Preventative Care

Have you had any of the following testing done? When?

Screening	Date (approximate if unknown)
☐ Blood Work	_____
☐ Mammogram	_____
☐ Pap Test	_____
☐ Colorectal Screening (FIT Test, Colonoscopy)	_____
☐ Other	_____

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Social History

Marital Status

☐ Single ☐ Married ☐ Common Law ☐ Divorced ☐ Widowed

Smoking History

Do you smoke cigarettes? ☐ Yes ☐ No ☐ Quit

If yes, how many per day? _____

When did you start? _____

Former smoker? When did you quit? _____

How long did you smoke for? _____

Lifestyle

How would you rate your diet?	☐ Poor	☐ Fair	☐ Healthy
How often do you exercise?	☐ Sometimes	☐ Often	☐ Frequently
Do you drink alcohol?	☐ Yes	☐ No	# Per week_____
Do you use drugs/substances	☐ Yes	☐ No	
If yes, which substance?	☐ Marijuana	☐ Cocaine	☐ Heroin
	☐ Other		

Comments:_____

_____

_____

Any other concerns you would like your health care provider to know?

_____

_____

_____

_____

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SOCIO-DEMOGRAPHIC FORM

Information collected will be used to identify who we serve in the community, and to promote equitable care. Equitable care incorporates unique needs that people may have based on language, income, gender, etc. Data collected is confidential and you may "prefer not to answer" for any question. If you choose to not answer, your care or access to services will not be affected. You can read more about our privacy policy on our website. www.windsorfht.ca

Full Name: _____

If you are a parent or a caregiver, please seek the consent of your child's or youth's approval before submitting this form. Please respond with "Prefer not to answer", if you have not received consent especially when answering gender and sexual orientation questions.
Thank you.

**For more information about consent please see: https://www.ipc.on.ca/part-x-cyfsa/consent-and-capacity/substitute-decision-makers/substitute-decision-makers-for-children-under-the-age-of-16/*

Please select the answers that best apply to you:

Age Range

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+
- ☐ Prefer not to answer

Language

What language would you feel most comfortable speaking in with your healthcare provider?

- ☐ English
- ☐ French/Francophone
- ☐ Arabic
- ☐ Italian
- ☐ Other: _____
- ☐ Prefer not to answer

Were you born in Canada?

- ☐ Yes
- ☐ No
- ☐ Do not know
- ☐ Prefer not to answer

If NO, I have lived here for…

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 4-10 years
- ☐ 10+ years
- ☐ Prefer not to answer

What is your race/ethnicity?

- ☐ Asian-East (Chinese, Japanese, Korean)
- ☐ Asian-South (Indian, Pakistani, Sri Lankan)
- ☐ Asian-South East (Malaysian, Filipino, Vietnamese)
- ☐ Black-African (Ghanaian, Kenyan, Somali)
- ☐ Black-Caribbean (Barbadian, Jamaican)
- ☐ Black-North American (Canadian, American)
- ☐ Indian-Caribbean (Guyanese with origins in India)
- ☐ Latin/Central America (Argentinian, Chilean, Salvadoran)
- ☐ Middle Eastern/West Asian (Egyptian, Iranian, Lebanese)
- ☐ White-European (English, Italian, Portuguese, Russian)
- ☐ White-North American (Canadian American)
- ☐ First Nations
- ☐ Indigenous/Aboriginal
- ☐ Inuit
- ☐ Metis
- ☐ Oceania
- ☐ Other _____
- ☐ Unknown
- ☐ Prefer not to answer

Do you have any of the following disabilities? (Check all that apply)

- ☐ Chronic Pain
- ☐ Chronic Illness
- ☐ Degenerative Disease
- ☐ None
- ☐ Developmental
- ☐ Learning Disability
- ☐ Physical Disability
- ☐ Do not know
- ☐ Mental Illness
- ☐ Drug/Alcohol Dependence
- ☐ Sensory (Vision/Hearing)
- ☐ Prefer not to answer

How would you describe your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Gender Fluid
- ☐ Two-Spirit
- ☐ Non-Binary
- ☐ Do not know
- ☐ Other: _____
- ☐ Prefer not to answer

☐ I would like to be connected with LGBTQ+ resources in the community.

What are your preferred pronouns?

- ☐ He/Him
- ☐ She/Her
- ☐ They/Them
- ☐ Do Not Know
- ☐ Other (please specify): _____
- ☐ Prefer not to answer

These questions are included to allow children and youth the opportunity to voluntarily and consensually self-identify their current lived gender identity. At any time, a child or youth may request a correction to their identity-based data.

What is your sexual orientation

- ☐ Straight
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Asexual
- ☐ Two-Spirit
- ☐ Queer
- ☐ Do not know
- ☐ Other: _____
- ☐ Prefer not to answer

This question is included to allow children and youth the opportunity to voluntarily and consensually self-identify their current sexual orientation. At any time, a child or youth may request a correction to their identity-based data.

What was your total household income before taxes last year?

**If you are under 18 years old, this question refers to the household income supporting you.*

- ☐ $0-$29,999
- ☐ $30,000-$59,000
- ☐ $60,000-$89,000
- ☐ $90,000-$119,999
- ☐ $120,000-$149,999
- ☐ $150,000 or more
- ☐ Do not know
- ☐ Prefer not to answer

How many people does this income support? _____

- ☐ Do not know
- ☐ Prefer not to answer

Do you have difficulty making ends meet with this income?

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ Unknown
- ☐ Prefer not to answer

Based on your answers, would you like to be connected to community resources?

- ☐ Yes
- ☐ No

Thank you for your participation. Your feedback helps us serve you better

Ontario