

# HF Connecting Health Nurse Practitioner-Led Clinic

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## Client Registration Form 登記表

### Contact Information 個人資料

Name (as printed on Health Card) \_\_\_\_\_ Date of Birth \_\_\_\_\_ (DD/MM/YY)  
姓名 \_\_\_\_\_ 出生日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (日/月/年)

Address \_\_\_\_\_ City \_\_\_\_\_ Postal code \_\_\_\_\_  
住址 \_\_\_\_\_ 城市 \_\_\_\_\_ 郵政編碼 \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_  
電話號碼 (優先) \_\_\_\_\_ 電話號碼 (次選) \_\_\_\_\_

Can detailed messages be left at the numbers listed above?

可以留詳細口訊嗎?  Yes 可以  No 不可以

Gender

性別  Male 男  Female 女  Prefer not to say 選擇不回答

Status

婚姻狀況  Single 獨身  Married 已婚  Common-Law 普通法伴侶  
 Divorced 離婚  Widowed 喪偶  Prefer not to say 選擇不回答

Spoken Language

溝通語言 \_\_\_\_\_

Country/Place of Birth \_\_\_\_\_ Date of Arrival to Canada \_\_\_\_\_ (DD/MM/YY)  
出生地 \_\_\_\_\_ 抵達加拿大日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (日/月/年)

Health Card Number (10 digits + two letters) \_\_\_\_\_ Expiration Date \_\_\_\_\_ (DD/MM/YY)  
安省醫療保健卡號碼 \_\_\_\_\_ 有效日期至 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (日/月/年)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
緊急事故連絡人 \_\_\_\_\_ 電話 \_\_\_\_\_ 關係 \_\_\_\_\_

Do you currently have a family physician?

你現在有自己的家庭醫生嗎?  Yes 有  No 沒有

How did you hear about HF Connecting Health Nurse Practitioner Led Clinic? 您從何處得知本診所的服務?

Clinic Program 診所活動  Friend/Family 朋友/家人  Newspaper 報章  
 Organization 機構 \_\_\_\_\_  Healthcare Connect  Radio/TV 電台/電視  
 Doctor 醫生 \_\_\_\_\_  Hong Fook Staff 康福中心  Signage/Walk-in 招牌/路過  
 Flyer 宣傳單張  Hospital 醫院  Other 其他 \_\_\_\_\_

### Consent to email communication 電子郵件接收書面同意

By providing your e-mail address, you are giving us consent to send you electronic communications, such as calendar of events and newsletters. No personal health information would be shared via e-mail. Should you choose to withdraw consent, please e-mail info@hfchnplc.ca

當閣下填寫您的電郵地址，即代表同意我們將本診所活動及刊物以電郵方式通知閣下。我們不會將閣下的個人或健康資料以電郵傳送。如將來閣下想取消此同意，可電郵至 info@hfchnplc.ca 通知我們。

Email Address

電郵地址 \_\_\_\_\_

Forms can be mailed, faxed or delivered to our clinic in person 可以郵寄、傳真或親自遞交此登記表

**Please help us provide statistics for our program development purposes**

請提供以下資料作為統計用途，以協助我們籌劃將來的項目發展。

**Highest Educational Level Obtained 教育程度:**

- Too young for primary completion 未達入學年齡
- Primary or equivalent 小學程度 (grades 1-8)
- Secondary or equivalent 中學程度 (grades 9-12)
- Post-secondary 大專或以上程度
- No formal education 沒有受正式教育
- Other 其他
- Do not know 不知道
- Prefer not to answer 選擇不回答

**Combined Annual Income 家庭年度收入:**

- \$0-\$14,999
- \$15,999-\$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 或以上
- Do not know 不知道
- Prefer not to answer 選擇不回答

**Number of People Supported by Income 家庭成員人數:** \_\_\_\_\_

**Household Composition 家庭成員組合:**

- Mother father children 雙親家庭 (父母/子女)
- Siblings 兄弟姊妹
- Couple without child 配偶 (無孩)
- Single parent family (mother head) 單親 (母/子女)
- Single parent family (father head) 單親 (父/子女)
- Grandparent(s) with grandchild(ren) 祖父母/孫
- Sole member 獨居
- Extended family 大家庭
- Unrelated housemates 室友
- Other 其他
- Do not know 不知道
- Prefer not to answer 選擇不回答

Please complete for all clients with a legal guardian and for all children less than 16 years of age

未滿 16 歲的客戶必須提供監護人資料

<b>Primary Guardian</b> 主要監護人 _____	<b>Relationship</b> 關係 _____
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<b>Home Phone</b> 電話 (家) _____	<b>Cell</b> (手提) _____	<b>Work</b> (公司) _____
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<b>Alternate Guardian</b> 副監護人 _____	<b>Relationship</b> 關係 _____
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<b>Home Phone</b> 電話 (家) _____	<b>Cell</b> (手提) _____	<b>Work</b> (公司) _____
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**As a client of HF Connecting Health Nurse Practitioner-Led Clinic, I understand and agree to the following**  
作為 HF Connecting Health Nurse Practitioner-Led Clinic 的客戶，我理解並同意

My personal health information will be shared between members of the interdisciplinary health team when said sharing contributes to the continuing care and treatment. The interdisciplinary health team includes nurse practitioners, collaborating physicians, registered nurses, dietician, social worker, health promoter, psychiatrist and clinic administrators.  
本診所內的醫療團隊可接觸我的個人健康資料，以作為延續健康護理及診斷治療用途。本診所的醫療團隊包括執業護理師、顧問醫生、註冊護士、營養師、社工、健康推廣員、精神科醫生及行政員工。

<b>Client Signature</b> 簽署 _____	<b>Print Name</b> 姓名 _____	<b>Date</b> 日期 _____
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