

# HF Connecting Health Nurse Practitioner-Led Clinic

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## Client Registration Form 登記表

### Demographic 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 \_\_\_\_\_  
電話號碼 (優先) \_\_\_\_\_  Home 住宅  Mobile 手提  Business 公司

Alternate Number \_\_\_\_\_  
電話號碼 (次選) \_\_\_\_\_  Home 住宅  Mobile 手提  Business 公司

Gender \_\_\_\_\_  
性別  Male 男  Other 其他  
 Female 女  Do not know 不知道  
 Intersex 雙性別  Prefer not to say 選擇不回答  
 Transgender 跨性別

Spoken Language \_\_\_\_\_  
溝通語言 \_\_\_\_\_

Country/Place of Birth \_\_\_\_\_  
出生地 \_\_\_\_\_

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

Health Card Number (10 digits + two letters) \_\_\_\_\_  
安省醫療保健卡號碼 \_\_\_\_\_

Expiration Date \_\_\_\_\_ (DD/MM/YY)  
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

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

Primary Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
主要監護人 \_\_\_\_\_ 關係 \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Business \_\_\_\_\_  
電話 (家) \_\_\_\_\_ (手提) \_\_\_\_\_ (公司) \_\_\_\_\_

## 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Too young for primary completion 未達入學年齡    | <input type="checkbox"/> University Post-Graduate 大學研究生 |
| <input type="checkbox"/> Primary or equivalent 小學程度 (grades 1-8)    | <input type="checkbox"/> No formal education 沒有受正式教育    |
| <input type="checkbox"/> Secondary or equivalent 中學程度 (grades 9-12) | <input type="checkbox"/> Other 其他                       |
| <input type="checkbox"/> College 大專程度                               | <input type="checkbox"/> Do not know 不知道                |
| <input type="checkbox"/> University Bachelor's 大學本科學位               | <input type="checkbox"/> Prefer not to answer 選擇不回答     |

### Combined Annual Income 家庭年度收入:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0-\$14,999      | <input type="checkbox"/> \$30,000-\$34,999 | <input type="checkbox"/> \$90,000-\$119,999         |
| <input type="checkbox"/> \$15,999-\$19,999 | <input type="checkbox"/> \$35,000-\$39,999 | <input type="checkbox"/> \$120,000 or greater 或以上   |
| <input type="checkbox"/> \$20,000-\$24,999 | <input type="checkbox"/> \$40,000-\$59,999 | <input type="checkbox"/> Do not know 不知道            |
| <input type="checkbox"/> \$25,000-\$29,999 | <input type="checkbox"/> \$60,000-\$89,999 | <input type="checkbox"/> 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:

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

### 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.

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。

#### Email Address

電郵地址 \_\_\_\_\_

### Consent to use information 資料使用書面同意

As a client of HF Connecting Health Nurse Practitioner-Led Clinic, I understand and agree 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.

作為 HF Connecting Health Nurse Practitioner-Led Clinic 的客戶，我理解並同意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。

Client Signature

簽署 \_\_\_\_\_

Print Name

姓名 \_\_\_\_\_

Date

日期 \_\_\_\_\_

**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**