



Unison Health and Community Services requires all people who want to receive services here to register with the organization.

New Clients: We will be required to collect all of the information on this form at your first appointment. If you are able, please fill out the form and bring to your first appointment.

Existing Clients: We require you to update your information on file and provide us with some additional information. If you are able, please fill out this form and return to Reception in the envelope provided. If you need assistance completing the form please let us know.

Public Policy Statement

We at Unison value our clients. We aim to provide the best possible care for you, our clients, while protecting the confidentiality and security of your personal information.

Who sees your personal information?

In order to meet your needs, your personal information may be shared between appropriate individuals working at Unison. Where you are referred to an external provider, your consent will be obtained prior to disclosing information.

THE BELOW INFORMATION IS REQUIRED

1. Last Name: _____ First Name: _____ Middle Name: _____

2. Have you had a legal name change in the past 3 years? Yes No Prefer not to answer

Please provide your previous Last and First Name: _____
(this information will only be used to locate your chart)

3. Date of Birth (day/month/year): _____ Is your birth date estimated Yes or Unknown?

4. Address (street number and name): _____
Postal Code: _____

5. Main Phone # _____ Alternate Phone #: _____ Can we leave a message? Yes No

6. Can we contact you by email? Yes No If yes, what is your email address? _____

7. What is the sex listed on your OHIP or IFH card? Male Female

If you do not have a health card what is your sex? Male Female Other

8. Current health insurance status

OHIP, Card # _____ Version Code: _____ Expiry Date: _____ Card Type: Red & White Photo

OHIP Eligible, but no card 3-month waiting period for OHIP No Insurance

Interim Federal Health Card: # _____ Expiry Date: _____ Private Insurance/Insured by 3rd Party

We Ask Because We Care

We are collecting social information from clients to find out who we serve and what unique needs our clients have. We will also use this information to understand client experiences and outcomes.

Do I have to answer all the questions?

No. The questions are voluntary and you can choose 'prefer not to answer' to any or all questions. This will not affect your care.

Who will see this information?

This information will be protected like all of your other health care information. In order to meet your needs, your personal information may be shared between appropriate individuals working at Unison. If used in research, this information will be combined with data from all other clients and no one will be able to identify any of the clients.

1. What language would you feel most comfortable speaking in with your health care provider? Check ONE only

<input type="checkbox"/> 1. Amharic	<input type="checkbox"/> 9. English	<input type="checkbox"/> 17. Korean	<input type="checkbox"/> 25. Somali	<input type="checkbox"/> 33. Urdu
<input type="checkbox"/> 2. Arabic	<input type="checkbox"/> 10. Farsi	<input type="checkbox"/> 18. Nepali	<input type="checkbox"/> 26. Spanish	<input type="checkbox"/> 34. Vietnamese
<input type="checkbox"/> 3. ASL	<input type="checkbox"/> 11. French	<input type="checkbox"/> 19. Polish	<input type="checkbox"/> 27. Tagalog	<input type="checkbox"/> 35. Other (please specify): _____
<input type="checkbox"/> 4. Bengali	<input type="checkbox"/> 12. Greek	<input type="checkbox"/> 20. Portuguese	<input type="checkbox"/> 28. Tamil	
<input type="checkbox"/> 5. Chinese (Cantonese)	<input type="checkbox"/> 13. Hindi	<input type="checkbox"/> 21. Punjabi	<input type="checkbox"/> 29. Tigrinya	
<input type="checkbox"/> 6. Chinese (Mandarin)	<input type="checkbox"/> 14. Hungarian	<input type="checkbox"/> 22. Russian	<input type="checkbox"/> 30. Turkish	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 7. Czech	<input type="checkbox"/> 15. Italian	<input type="checkbox"/> 23. Serbian	<input type="checkbox"/> 31. Twi	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 8. Dari	<input type="checkbox"/> 16. Karen	<input type="checkbox"/> 24. Slovak	<input type="checkbox"/> 32. Ukrainian	

2. What is your religion?

<input type="checkbox"/> 1. Anglican	<input type="checkbox"/> 6. Confucian	<input type="checkbox"/> 11. Longhouse/Traditional	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 2. Baha'i Faith	<input type="checkbox"/> 7. Hindu	<input type="checkbox"/> 12. Muslim	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 3. Buddhist	<input type="checkbox"/> 8. Jain	<input type="checkbox"/> 13. Protestant	
<input type="checkbox"/> 4. Catholic	<input type="checkbox"/> 9. Jehovah's Witness	<input type="checkbox"/> 14. Sikh	
<input type="checkbox"/> 5. Christian	<input type="checkbox"/> 10. Jewish	<input type="checkbox"/> 15. Other	

3. What is your citizenship?				
<input type="checkbox"/> Canadian	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Refugee	<input type="checkbox"/> North American Indian	<input type="checkbox"/> Other

4. Were you born in Canada?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 98. Do not know	<input type="checkbox"/> 99. Prefer not to answer
If NO , in what country were you born? _____				
What year did you arrive in Canada? _____				

5. Do you have any of the following? Check ALL that apply		
<input type="checkbox"/> 1. Chronic Illness	<input type="checkbox"/> 6. Physical Disability	<input type="checkbox"/> 9. None
<input type="checkbox"/> 2. Developmental Disability	<input type="checkbox"/> 7. Sensory Disability (i.e. hearing or vision loss)	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Drug or Alcohol Dependence	<input type="checkbox"/> 8. Other (Please specify): _____	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Learning Disability		
<input type="checkbox"/> 5. Mental Illness		

6. What is your gender? Check ONE only	
<input type="checkbox"/> 1. Female	<input type="checkbox"/> 7. Other (Please specify): _____
<input type="checkbox"/> 2. Intersex	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Male	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Trans-Female to Male	
<input type="checkbox"/> 5. Trans-Male to Female	
<input type="checkbox"/> 6. Two-Spirit (a term used by Aboriginal people)	

7. What is your sexual orientation? Check ONE only	
<input type="checkbox"/> 1. Bisexual	<input type="checkbox"/> 7. Other (Please specify): _____
<input type="checkbox"/> 2. Gay	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Heterosexual (straight)	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Lesbian	
<input type="checkbox"/> 5. Queer (a term used by people who do not follow common sexual orientations)	
<input type="checkbox"/> 6. Two-Spirit (a term used by Aboriginal people)	

8. Which of the following best describes your racial or ethnic group? Check ONE only

<input type="checkbox"/> 1. Asian - East (e.g. Chinese, Japanese, Korean)	<input type="checkbox"/> 11. Latin American (e.g. Argentinean, Chilean, Salvadoran)
<input type="checkbox"/> 2. Asian - South (e.g. Indian, Pakistani, Sri Lankan)	<input type="checkbox"/> 12. Metis
<input type="checkbox"/> 3. Asian - South East (e.g. Malaysian, Filipino, Vietnamese)	<input type="checkbox"/> 13. Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
<input type="checkbox"/> 4. Black - African (e.g. Ghanian, Kenyan, Somali)	<input type="checkbox"/> 14. White - European (e.g. English, Italian, Portuguese, Russian)
<input type="checkbox"/> 5. Black - Caribbean (e.g. Barbadian, Jamaican)	<input type="checkbox"/> 15. White - North American (e.g. Canadian, American)
<input type="checkbox"/> 6. Black - North American (e.g. Canadian, American)	<input type="checkbox"/> 16. Mixed heritage (e.g. Black - African & White - North American) Please specify: _____
<input type="checkbox"/> 7. First Nations	<input type="checkbox"/> 17. Other(s): Please specify: _____
<input type="checkbox"/> 8. Indian - Caribbean (e.g. Guyanese with origins in India)	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 9. Indigenous/Aboriginal - <i>not included elsewhere</i>	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 10. Inuit	

9. What is the highest level of education you have completed?

<input type="checkbox"/> 1. Primary or equivalent (grades 1-8)	<input type="checkbox"/> 5. No formal education
<input type="checkbox"/> 2. Secondary or equivalent (grades 9-12)	<input type="checkbox"/> 6. Other (Please specify): _____
<input type="checkbox"/> 3. Post-secondary or equivalent	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 4. Too young for primary completion	<input type="checkbox"/> 99. Prefer not to answer

10. What was your total family income before taxes last year? Check ONE only

<input type="checkbox"/> 1. \$0 - \$14,999	<input type="checkbox"/> 6. \$35,000 - \$39,999
<input type="checkbox"/> 2. \$15,000 - \$19,999	<input type="checkbox"/> 7. \$40,000 - \$59,999
<input type="checkbox"/> 3. \$20,000 - \$24,999	<input type="checkbox"/> 8. \$60,000 or more
<input type="checkbox"/> 4. \$25,000 - \$29,999	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 5. \$30,000 - \$34,999	<input type="checkbox"/> 99. Prefer not to answer

11. How many people does this income support?

_____ person(s) 98. Do not know 99. Prefer not to answer

12. What is your household composition?	<input type="checkbox"/> 7. Siblings
<input type="checkbox"/> 1. Mother, father, child(ren)	<input type="checkbox"/> 8. Single parent family (mother head)
<input type="checkbox"/> 2. Couple without child	<input type="checkbox"/> 9. Single parent family (father head)
<input type="checkbox"/> 3. Sole member	<input type="checkbox"/> 10. Other
<input type="checkbox"/> 4. Grandparent(s) with grandchild(ren)	<input type="checkbox"/> 11. Same sex couple
<input type="checkbox"/> 5. Extended family	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 6. Unrelated housemates	<input type="checkbox"/> 99. Prefer not to answer

