Southwest Ontario Aboriginal Health Access Centre

# Additional Form for Children in a Family Intake (One form per child)

Date (DD/Month/YYYY):_____

| 1. Basic Demographic Information | | |
|---|---|---|
| Full Name (First / Middle / Last) (as appears on Health Card) | | |
| Preferred First Name (if different): | Date of Birth (DD/Month/YYYY) | |
| **I would identify myself as**:<br>☐ First Nation (Status) ☐ First Nation (Non-Status) ☐ Métis ☐ Inuit<br>☐ Other (please identify): _____<br><br>My **FN Status Number (Registration Number or Métis Membership # or Inuit ID Number** is:<br>_____ | | |
| If you are a person with a Disability **please identify any accommodations** required for your appointment. | | |
| Health Card NO: | Sex (as appears on Health Card) | |
| Version Code | Expiry Date | |
| **2. Contact Information if different than head of family** | | |
| Street: | City | Postal Code |
| Primary Phone #: ☐Cell ☐ Work ☐Home | Alternate Phone # ☐Cell ☐ Work ☐Home | |
| **3. Additional Information.** | | |
| Legal Guardian (s): | | |
| Relationship to child / youth: | | |
| Child is Residing with: ☐ Both Parents ☐ Mother ☐ Father ☐ Caregiver ☐ Relative:_____<br>☐ Foster Parent(s) ☐ Group Home ☐ Other:_____ | | |
| Agency Involvement: ☐ CAS/Band Rep ☐ Ontario Works ☐ N'Amerind ☐ SOAHAC ☐ At^Lohsa<br>☐ Other: _____ | | |
| If CAS is involved. Please provide the following.<br>Agency Name:<br>Worker(s) assigned to family, include contact information?<br><br>Identify what type of agreement is in place?<br>☐ Customary Care ☐ Kinship Care ☐ Foster Care ☐ Temporary Care | | |
| School: | Grade: | School Board: |

**4. I am requesting the following Integrated Wholistic Care Service(s) for the above named child/youth:**

- **Traditional Healing**. If yes, please indicate your reason for seeking Traditional Healing Services Care?

  _____

- **Mental Health Services for Adults or Children**. If yes, please indicate your reason for seeking Mental Health Services.

  _____

- **Clinical Services (including Doctor, Nurse Practitioner, Dietitian, Diabetes Team, FASD).** If yes, please indicate your reason for seeking Clinical Services.

  _____

**5. For the above named child / youth**

| | |
|---|---|
| **Conditions**:<br>☐ Chronic Illness<br>☐ Development Disabilities<br>☐ Drug or Alcohol Dependence<br>☐ Learning Disability<br>☐ Mental Illness | ☐ Physical Disability<br>☐ Sensory Disability (i.e. hearing or vision loss)<br>☐ Other (please specify): _____<br>☐ None<br>☐ Do not know ☐ Prefer not to answer |

**Concerns/conditions include: Check all that apply**

| | | |
|---|---|---|
| ☐ Arthritis | ☐ Ear/Hearing Problems | ☐ Kidney Disease |
| ☐ Asthma or Lung Disease | ☐ Eating Problems | ☐ Learning Problems |
| ☐ Behavioural Concerns | ☐ Eye Problems | ☐ Mental health issues |
| ☐ Cancer | ☐ Headaches | ☐ Pregnancy |
| ☐ Chronic Pain | ☐ Heart Disease | ☐ Seizures/Epilepsy |
| ☐ Developmental Delays | ☐ Hepatitis | ☐ Stroke |
| ☐ Diabetes | ☐ High blood pressure | ☐ Substance Addiction |

☐ Other (please specify) :_____

**Please list any Medical Specialists, including any complementary health practitioners and what you see them for:**

_____

_____

**List any known allergies: (food, medicines, environmental, insect) and your reaction.**

_____

**Medications** Are you using any Traditional Medicines? ☐ Yes ☐ No

Present Medications: ☐ Not currently on medication ☐ Please provide a LIST or CURRENT printout of all medications from your pharmacist.

_____

| 6. | We Ask Because We Care |
|---|---|

**My nation is**:
☐ Cayuga ☐ Cree ☐ Delaware ☐ Inuit ☐ Metis ☐ Mississauga ☐ Mohawk ☐ Odawa
☐ Ojibway / Chippewa ☐ Onondaga ☐ Oneida ☐ Potawatomi ☐ Seneca ☐ Tuscarora
☐ Other (please identify): _____ ☐ Do not know ☐ Prefer not to answer

**My Band is**:_____

**Spiritual identity**:
☐ Clan _____ ☐ Do not know ☐ Prefer not to answer
☐ Colour(s) _____ ☐ Do not know ☐ Prefer not to answer
☐ Spirit Name _____ ☐ Do not know ☐ Prefer not to answer
☐ Not applicable ☐ Other _____

**Languages spoken at home are**:
☐ Cayuga ☐ Cree ☐ English ☐ French ☐ Inuktitut ☐ Lunaapeew ☐ Mohawk ☐ Ojibway ☐ Oneida
☐ Onondaga ☐ Seneca ☐ Tuscarora
☐ Other (please identify): _____

**Community Affiliation (where child /youth resides) is**:_____