



HAMILTON URBAN CORE COMMUNITY HEALTH CENTRE  
 430 CANNON STREET EAST, HAMILTON, ON L8L2C8  
 Phone: 905-522-3233  
 Fax: 905-522-3706

**CLIENT INFORMATION**

Last Name:		First Name:	Date of Birth (dd/mm/yyyy):
Street Address:			
City:		Province:	Postal Code
Phone (Home):		Phone (Cell):	Phone (Work):
Alternate Contact Name:		Relationship:	Phone (Home/Cell):
Referring Physician Name:	Referring Physician Billing Number:	Referring Physician Phone:	Referring Physician Fax:

**SERVICE REQUEST**

Health Card #:	Version:	<b>For Primary Care Referrals only:</b> <b>Surgical History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b> _____  <b>Transfusion History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b> _____  <b>Allergies:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Comments:</b> _____  <b>Medications:</b>
<b>Visit Type:</b> <input type="checkbox"/> Access to Primary Care <input type="checkbox"/> ID Clinic <input type="checkbox"/> Settlement/Immigration Support <input type="checkbox"/> Counselling/Social Support <input type="checkbox"/> Diabetic Services <input type="checkbox"/> Access to Foodshare Programs <input type="checkbox"/> Chiroprapist <input type="checkbox"/> Senior Dental Care Program <input type="checkbox"/> Harm Reduction Services <input type="checkbox"/> Black Wellness Services		

**INTERPRETATION SERVICES**

**Interpretation services needed:** Yes   No  
**If yes, please specify patient's primary language:** \_\_\_\_\_

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Name (PRINT)

Signature

Date

Note: Please return completed form to us via Fax: 905-522-3706 or Email: [intakes@hucchc.com](mailto:intakes@hucchc.com)

**Main Office: 430 Cannon Street East, Hamilton Ontario L8L 2C8**  
**CTS: 70 James St. South. Hamilton Ontario. L8R 2K5.**  
**Phone: (905) 522-3233 Administration Fax: (905) 522-3433. [www.hucchc.com](http://www.hucchc.com)**