Western Employee & Family Health Clinic

Room 2120, Thames Hall, Western University

Patient Application Form

When you have completed this form, please mail to Room 2120 Thames Hall
or fax to 226-636-6119 or email to efhc@uwo.ca

Please be sure to fill out a form for each eligible immediate family member — self, spouse, and/or dependent(s)*.**

SECTION A: WESTERN EMPLOYEE INFORMATION

Employees who have been hired by Western University in accordance with an employment contract with full time hours (>24 hours per week) and no defined end date are eligible to be patients, or to have their spouse and/or dependent children be patients. Postdoctoral scholars hired by Western University on contract for full time hours (and their spouses/dependent children) are eligible to be patients of the clinic, until the completion of their research work with Western University. Former employees/postdoctoral scholars and their family members may continue to use the Western Employee & Family Health Clinic for a maximum of 6 months upon completion of their full-time role with Western, during which time you should be actively looking for a new physician.

Employee Details

Surname: _____ First Name: _____ Initial: _____

Western Employee ID# _____
(9-digit number – If your ID starts with three zeros, please include them here.)

Home Address: Street and Number: _____

City and Province: _____ Postal Code: _____

Home Telephone: _____

I consent to Western Human Resources confirming my employment status with the Western Employee & Family Health Clinic to determine eligibility to receive services

Employee Signature: _____ Date: _____
YYYY-MM-DD

SECTION B: PATIENT INFORMATION

1. I am a full-time Western employee.

Yes ☐ No: ☐

OR

2. I am the Spouse** of a full-time Western employee.

Yes ☐ No: ☐

Patient Surname:_____Patient First Name:_____Initial:___

OR

3. I am the Dependent* of a full-time Western employee.

Yes ☐ No: ☐

Patient Surname:_____Patient First Name:_____Initial:___

Cell Number: _____

Date of Birth (YYYY-MM-DD): _____

Gender Identification: Male:☐ Female:☐ Non-binary☐

Health coverage: Provincial ☐ Bill Direct ☐ UHIP ☐ Other☐

Provincial Health Insurance Number (Province/number): _____

E-mail address (@uwo is preferred if assigned): _____

Work Telephone: _____

May we communicate with you when needed at this e-mail address? Yes☐ No ☐

Emergency Contact: Please provide a name, telephone number and the person's relationship to you (i.e. husband, wife, friend): Name:_____

Telephone_____ Relationship: _____

Do you currently have a physician in Ontario: Yes ☐ No: ☐

Name of Physician:_____

Physician's Address: _____

If you already have a family physician within 30km radius of London, you are <u>not</u> eligible for the Employee and Family Health Clinic at Western University.

*__Dependent__ means a natural, legally adopted, step or foster child of yours, or of your spouse who is under the age of 25. Please note that a dependent who is enrolled in full-time studies at Western will automatically transfer into the Student Health Clinic for the duration of their studies. Any dependent who is mentally or physically infirmed may continue to utilize the clinic beyond age 25.

A child of a spouse who is not legally married to you is eligible if the child's primary residence is with the eligible employee. Coverage will continue until the end of the month following the date the child is no longer eligible for coverage as described above.

** **Spouse** means the person to whom you are legally married; or the person who has continuously lived with you in a conjugal relationship outside marriage for at least one year

Note: The person you designate as your spouse is recognized until such time you advise otherwise. Any dissolution of a marriage through divorce, or in the case of common-law marriage, actual separation for more than 90 days, results in the loss of eligible status as spouse.

Information provided herein will be administered and protected in accordance with Personal Health Information Protection Act.