![Grand River Community Health Centre logo]

**Interprofessional Primary Care Team (IPCT) Self-Referral Form**

## Client information

Name _____ Date of birth (mm/dd/yyyy) _____

Address _____ City _____

Postal Code _____ Phone _____ Email_____

I agree to provide my email address, and I agree that GRCHC may contact me using my email for the purpose of providing information regarding specialist appointments, diagnostic testing or information related to our upcoming programs, clinics, and events at GRCHC. I understand that GRCHC cannot guarantee the security of email messages. I understand that email messages may pose a risk to my privacy. I understand at this time, messages from GRCHC will not allow for any email response from me. ⬜ *Please Initial to consent*

My pronouns are: ⬜ She/her ⬜ He/Him ⬜ They/Them

Family Doctor or Nurse Practitioner: _____ Phone: _____

⬜ Check this if you do not have a family doctor or nurse practitioner

**Please check the programs you would like to attend:**

**Group Programs:**

- ☐ Heart health
- ☐ Pre-diabetes
- ☐ Caring for my COPD

- ☐ Mind Body Wellness Group
- ☐ Easy Fit (Gentle exercise)
- ☐ New Moms

**Please check which individual appointments you would like to attend:**

- ☐ Nutrition counselling – Increase your nutrition related knowledge and set lifestyle goals for optimal health.
- ☐ Mental health counselling – Develop positive coping skills for mental health challenges, such as stress, anxiety, and depression to improve your emotional wellness.
- ☐ Social prescribing – Establish community connections to reduce loneliness and enhance your social wellbeing.
- ☐ Well Baby appointment with a registered nurse and a nurse practitioner.

Please indicate if there is additional information you would like the healthcare provider to know or if you are interested in other health services:

_____

_____

I would like a: ⬜ Virtual Appointment ⬜ Phone Appointment ⬜ In-person Appointment

Please save and email your completed form to ipct-info@grchc.ca or print your completed form and drop off at 363 Colborne Street, Brantford. Please allow three business days for a response.