**Huron Perth & Area Ontario Health Team (HPA-OHT) Patient/Family/Caregiver Inquiry Form**

**About You**

|  |  |
| --- | --- |
| **Legal Name:**  |  |
| **What is the name you go by, if different from above:** |  |
| **Phonetic Pronunciation**(if applicable): |  |
| **What is Your Gender?**  |  |
| **What Pronouns Do You Use?** She/Her/Hers, He/Him/His- They/Them/Theirs, Add your own  |  |
| **Age Range**- 13-29?- 30-44?- 45-55?- 56-65?- Over 70 years of age?  |  |
| **Where do you live?** **-** Huron County- Perth County- Stratford - Other  |  |
| **When was your last contact with the healthcare system?**- 3 months or less?- Between four months to a year?- Over one year ago?  |  |
| **Time Availability** - Under 3 hours a month- 3-5 hours a month - Over 5 hours a month |  |
| **Do you have access to a computer, tablet or smart phone?** |  |

**Contact Information**

|  |  |
| --- | --- |
| **Phone Number** |  |
| **Mobile Phone** |  |
| **Email**  |  |
| **Preferred Method of Contact** *Email, Phone, Text?* |  |

**Your Interest**

Interest areas for participation (identify all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Yes or No** | **Area** | **Yes or No** |
| Committee Work; in-person/virtual meetings |  | Communications |  |
| Writing; documents, briefings, articles, etc |  | Administration |  |
| Anti-Racism, Diversity, Equity and Inclusion |  | Social Determinants of Health |  |
| Impact Stories |  | Public Relations |  |
| Digital/Technology |  | Health; Heart Failure, Mental Health, Addictions, Infection Prevention and Control |  |
| Graphic design |  |

**What has sparked your interest in our local Ontario Health Team? Why would you like to become a patient/family/caregiver voice?**

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**Tell us about you? (e.g. are you a student, a grandparent, volunteer work, what are your hobbies, skills, experiences, do you travel, etc)**

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When completed, please email this form to oht@hpaoht.ca. All applications collected are kept private and confidential. HPA-OHT is committed to accessibility for all persons with disabilities. If you require assistance completing this intake form, please contact oht@hpaoht.ca.