**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](mailto: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](mailto:oht@hpaoht.ca).