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Équipe de santé familiale Clarence-Rockland Family Health Team
2741, rue Chamberland Street, Rockland, Ontario K4K 0B4

CLARENCE-ROCKLAND
FAMILY HEALTH TEAM

Questionnaire for Interdisciplinary Services

Date: ________________________

Desired Service(s): ☐ Dietician ☐ Kinesiologist ☐ Fall prevention ☐ Mental Health

Do you have transportation? ☐ Yes ☐ No

Number of children and age of each of them: _____________________
____
____

Do you have Private Health Insurance? ☐ Yes ☐ No

Please specify the main reason why you wish to receive services:
What are your goals? What would you like to change (e.g. decrease your anxiety level, improve your physical strength, improve your eating habits)?
What are you currently doing to cope with your difficulties?
Do you have support from your family and friends? ☐ Yes ☐ No

Availability for phone calls ☐ AM ☐ PM Phone number you can be reached at _________________

Can we leave a message on your voicemail ☐ Yes ☐ No

Availability for information sessions ☐ AM ☐ PM ☐ Evening

Preferred language ☐ English ☐ French ☐ Either

ALL INFORMATION WILL REMAIN CONFIDENTIAL

For administrative use only: Date received: Initials: