

Are you looking for a family doctor or other primary health care practitioners?

New Heights Community Health Centres is pleased to announce new primary health care services for the Bathurst-Finch neighbourhood. For more information on New Heights CHCs, please visit our web site, at www.newheightshealth.org

Our new primary health care team will include: a physician, a nurse practitioner, a registered practical nurse, a chiroprapist (part-time), a social worker and a case co-ordinator.

New Heights CHCs serves people who live, work or go to school in the area bounded by Eglinton, Steeles, Bathurst and Keele. People who live, work or go to school in the Bathurst-Finch (Westminster-Branson) priority neighbour-



hood will have first priority, on a first-come, first-served basis. All services are free and funded by the Toronto Central Local Health Integration Network. An Ontario Health Insurance Plan (OHIP) card is not required to become a client.

We are currently looking for a space in the Bathurst-Finch neighbourhood. While we search for that space, most services will be provided at New Heights CHCs, 12 Flemington Road

If you need to access to some or all of the above primary health care services, and are interested in becoming a client of New Heights CHCs, please complete the form on the back of this flyer, and return it by e-mail, fax or mail to:

New Heights Community Health Centres –

Bathurst-Finch Site

12 Flemington Road

Toronto, ON M6A 2N4

E-mail: B-F_satellite@newheightshealth.org

Fax: 647-436-0386



New Heights Community Health Centres New Client Application



Name:.....
.....

Home Address:.....
.....

Phone 1: Phone 2:

E-mail:

I qualify to be a primary health care client at New Heights CHCs because I (check all that apply to you):

- live*
- work (work name/address:.....)*
- go to school (school name/address:*
in the neighbourhood/service area.

Part 1: Family Doctor

- 1. Do you have a Family Doctor? Yes No
- 2. If no, how many members of your family don't have a family doctor?
adults__ # children__ # seniors__
- 3. If yes, are you interested in transferring your care to our family doctor? Yes No

Part 2: Foot Specialist

- 3. Do you have a medical condition which requires you to visit a foot specialist (chiroprapist)?
 Yes No

Part 3: Registered Dietitian

- 4. Would you like to meet one-on-one with a Registered Dietitian? Yes No
- 5. Would you like to attend group workshops by a Registered Dietitian? Yes No

Part 4: Counsellor

- 6. Would you like to meet one-on-one with a Counsellor (Social Worker)? Yes No
- 7. Would you like to attend support groups or group workshops by a Social Worker? Yes No

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Office Use Only

Date received:

Time received:

Received by:.....