



## **IDENTIFICATION OF PERSONS WITHOUT A FAMILY DOCTOR**

Since January 2009, there is a means of identification for individuals without a family doctor, established by the Ministry of Santé et Services sociaux, currently available at CSSS des îles. This procedure will help to identify the persons without a family doctor; to assess their health needs, to determine the persons requiring an immediate intervention and to direct them according to available medical services in our region. **This procedure does not mean that you will have immediate access to a family doctor**; however, if your health needs require urgent attention, you will be treated promptly.

To simplify the process of identification, we created a simple registration form to complete. (See attached form). Once completed, bring this form to the reception at the hospital. Later on, a nurse will contact you to collect information, to identify your needs and to establish an order of priority of care established by a doctor. This form is exclusively for people who do not have a family doctor and not for those individuals who wish to change doctors.

**Individuals having a health problem which concerns them should go to the emergency. If you do not have a family doctor, you can go to the emergency to have a prescription renewed.**

Your collaboration is essential to help us serve you better. All personnel and doctors of the CSSS des Îles work together for your well-being. Your understanding and your patience will allow everyone to fulfil their duty and to better respond to your needs.

The direction of CSSS des Îles

**IDENTIFICATION FORM FOR PEOPLE WITHOUT A FAMILY DOCTOR  
(PLEASE COMPLETE ALL SECTIONS)**

Date : \_\_\_\_\_ File number : \_\_\_\_\_

Family name : \_\_\_\_\_

First name : \_\_\_\_\_

Health card number: \_\_\_\_\_

Date of birth : \_\_\_\_\_

Sex : Male  Female

Address : \_\_\_\_\_

City : \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone number:

Home: \_\_\_\_\_ Cellular : \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Health questions

Do you take any medication? Yes  No

If so, how much? \_\_\_\_\_

Have you been hospitalized in the past 2 years? Yes  No

Did you have surgery in the past 2 years? Yes  No

Did you use emergency services in the last year? Yes  No

Do you have health problem at the moment? Yes  No

If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please bring this form to the reception at the hospital in Cap-aux-Meules.