KTUNAXA NATION

www.ktunaxa.org
Tel: 250-420-2700
Confidential fax: 250-420-2782

Ktunaxa Regional Health Clinic
32 9th Ave South

Ktunaxa Health Services -New Client Intake Form

Please complete the following to the best of your ability

Date	If you are completing this form on behalf of someone else, please indicate your name and relationship or credentials here:

First Name	Middle	Last Name

Date of Birth	PHN/BC Service Card #
Address or if you do not have one, where you are staying (ex: couch surfing, under housed)	Phone Number

Do you Identify as an Indigenous person? Please circle

First Nations Metis Inuit I am not Indigenous

Are you related to a Ktunaxa Nation Member?
Please Describe:

Status Number:	Indigenous Community Name:

Sex:	Gender Identity:

Do you have any Physical or Mental Health Concerns? Please list all.

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Do you use substances? Please describe.

At this time, are you interested in receiving support for your substance use?

Do you access any supports or providers in the area?
Ex: Street Angels, Bellies to Babies, Food Bank, Salvation Army, Intensive Case Management (ICM), any others…

Do you currently have a Primary Care Provider? Doctor or Nurse Practitioner?

Name: Clinic Name: City:

Have you had a Family Doctor or Nurse Practitioner in the past?

Name: Clinic Name: City

What Pharmacy do you use? Pharmacy Name: Location:

Is there anything else you would like us to know?

What services are you interested in receiving? Please select all.

Family Nurse Practitioner		Physiotherapy	
Mental Wellness Support		Medical Travel Referral Support	
Substance Use Support		Income Referral Support - PWD, SA	
Sexual Health - Testing/Treatment		Advocacy and Social Support	
Mom and Baby Wellness		Aboriginal Care Navigator (See page 3)	
Immunizations			

Provider Gender Preference (Optional) ☐Female ☐Male ☐No Preference

A member from our team will be in contact if you meet our clinic guidelines within 1-4 weeks.
Please come in or contact the clinic if you have not heard from us by 6 weeks.

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Aboriginal Care Navigator (ACN) Referral

For clients who identify as First Nations, Metis or Inuit

Intake will be assigned to the appropriate worker at weekly intake meetings. **If urgent please phone 250-421-7524** to access the Ktunaxa Aboriginal Care Navigator team.

First Name	Middle	Last Name

Date of Birth	PHN/BC Service Card #

Address or where you are staying (ex: couch surfing, shelter etc.)	Phone Number

What services are you interested in receiving? Please select all

Supporting individual with booking appointments, reminders, follow-up, etc.	
Support attending appointments and advocacy when needed	
Referral and connection to services such as foodbank, bus pass, low-income housing etc.	
Obtaining ID, Status cards, BC Service cards	
Other supports requested:	

Anything else the ACN should know?
