



Use this form to apply to become a client at the Centre de Santé Constellation Health Centre (CSCHC). If you have any questions or need support filling in this form, call the clinic at 867-393-7119 or email constellation@yukon.ca. The information you provide on this form will be entered into the online application portal to be assessed alongside all applications.

- You must
- **have a valid Yukon Health Care Insurance Plan (YHCIP) number;**
 - be 16 years old or older.

For families living at the same address where more than one person wants to apply to the CSCHC, you can provide information linking your applications below. Each individual family member must have an application form fully completed to be considered.

| Personal information | | |
|---|---|------------------------------|
| First name | Last name | |
| Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No — What is your legal name? _____ | | |
| What pronouns do you use? (Optional) | Date of birth YYYY/MM/DD | |
| Yukon healthcare card number (This is the 9-digit number found on your Yukon Health Care Insurance Plan card) | What community do you live in? | |
| Your preferred phone number | Is it okay to leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No | Your preferred email address |
| What language would you prefer to receive services in? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____ | | |
| Demographics | | |
| Do you identify with one of these groups? <input type="checkbox"/> Yukon First Nation <input type="checkbox"/> Non-Yukon First Nation, Métis, or Inuit <input type="checkbox"/> None of the above <input type="checkbox"/> Prefer not to say | | |
| Medical situation | | |
| Do you currently have a family physician? <input type="checkbox"/> Yes — Who is your current family physician? _____ <input type="checkbox"/> No — Where have you been accessing health care? _____ | | |
| Diagnosis or history | | |
| We want to ensure that all types of families and people have access to the CSCHC. Check all categories that apply to you. <input type="checkbox"/> I have been diagnosed with cancer <input type="checkbox"/> I have a palliative care diagnosis <input type="checkbox"/> I have been diagnosed with a chronic health condition (for example: COPD, diabetes, heart disease) <input type="checkbox"/> I have a disability that limits my daily activities <input type="checkbox"/> I have a mental health diagnosis or problem that impacts my daily activities <input type="checkbox"/> I have been diagnosed with long-term COVID-19 complications <input type="checkbox"/> I use or have a history of alcohol or substance misuse <input type="checkbox"/> I have a health condition that requires regular/more frequent follow up <input type="checkbox"/> None of the above | | |

Tell us more about your health status

Additional family members

For families where more than one person wants to apply to the CSCHC, you can link your spouse and/or dependents as long as they live at the same address.

Each family member requires their own application

Do you want to link your application to other family members?

Yes, I have other family members to include No, I don't want to link anyone else to this application

Names of family members:

Before you continue

In order for your application to be considered, you must agree to the following declarations:

- By submitting this application for the CSCHC, I voluntarily consent to Health and Social Services collecting, using and disclosing the personal health information I have provided for myself and family members to assess the application.
- I confirm I am authorised to act on my family's behalf and have their consent to share their personal health information on this application.
- I acknowledge and agree that if I am accepted by the Constellation Health Centre, I will be removed from the "Find a Family Provider" wait list. The acceptance process is complete once I sign the client service agreement.
- I understand that I may withdraw or limit this consent at any time by contacting constellation@yukon.ca. Without my consent, my personal health information can be collected, used or disclosed only in accordance with the provisions of Yukon's Health Information Privacy and Management Act and its regulations.

What will happen next

Once you submit your application via mail or in-person, your application will be added to other applications that we have received. We will contact you within 10 business days of receipt to update you on the status of your application. Your information will be securely stored until a spot becomes available for you.

A team of professionals will review and prioritize applications. Acceptance or waitlist status will depend on several factors and the current capacity of the primary care providers. This approach will ensure a fair and balanced client onboarding. If you are not initially accepted, you will be added to the waitlist. You will be notified when space becomes available.

If you need to contact us

Email constellation@yukon.ca
or phone 867-393-7119.

Information contained in this form is collected, used and disclosed in accordance with Yukon's *Health Information Privacy and Management Act* and other applicable laws. A written statement of Health and Social Services information practices can be viewed at www.yukon.ca/healthprivacy or by contacting the department's Privacy Officer at healthprivacy@yukon.ca.