



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	Do you have a Yukon health care card <input type="checkbox"/> Yes <input type="checkbox"/> No
Yukon healthcare card number (This is the 9-digit number found on your Yukon Health Care Insurance Plan card)		Postal code
How would you prefer to be contacted? <input type="checkbox"/> I want to be contacted by phone <input type="checkbox"/> I want to be contacted by email		
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		

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.

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.

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 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.