

Electronic Coordinated Care Plan Registration Form			
<p>A new or updated consent form must be attached when updates are made to Section A or D</p> <p>Send registration and consent documents by fax to the Toronto Central LHIN: 416-506-0374</p>			
NEW Coordinated Care Plan		UPDATING/REVISING Registration Form	
Section A: Client Information			
First Name:		Date of Birth: <small>DD/MM/YYYY</small>	
Last Name:			
Home Address:		City:	Postal Code:
No Home Address		Client's Sub-Region	
Phone Number:		Alternate Phone:	
Language of Comfort:			
Health Card Number:		Version Code:	Gender:
Primary Care Practitioner (PCP) Name:			No PCP
PCP Phone:		PCP Fax:	
Section B: Requesting Organization			
Requesting Organization Name:			
Requestor's Contact Name:			
Requestor's Contact Phone:		Fax:	
Organization Type			
Section C: List of Organizations within Client's Care Team [List of Organizations with HPG Access]			
1	Organization Name:		
	Contact Name:	Contact Phone:	
2	Organization Name:		
	Contact Name:	Contact Phone:	
3	Organization Name:		
	Contact Name:	Contact Phone:	
4	Organization Name:		
	Contact Name:	Contact Phone:	
5	Organization Name:		
	Contact Name:	Contact Phone:	
6	Organization Name:		
	Contact Name:	Contact Phone:	
Section D: Request to Add/Revoke Organization Access			
Add Access		Revoke Access	
Organization Name:		Sub-Region:	
Phone:			
Section E: Discharge CCP			
Send document by fax to Toronto Central LHIN: 416-506-0374			
Contact Name:		Contact Phone:	
End Date/Date of Discharge:			
Section F: Client Questions [Please complete and send updates to the LHIN as appropriate]			
1. The client indicated the length of time between making the appointment with their primary care practitioner and the actual visit was about right, somewhat too long, or much too long?			
			Date:
2. How confident did the client feel their care goals will be reached?			
			Date:

If you have questions regarding the status of the CCP registration, please contact the Toronto Central LHIN: **416-506-9888**