



First Name _____ Middle _____ Last Name _____

Home Address _____

City _____ Prov _____ Postal Code _____

Home Phone _____ Home Fax _____

Male Female S.I.N. _____

Birth Date: Month _____ Day _____ Year _____

Care Card Number _____ PharmaCare Registration Number _____

Location Prior to CLS _____

Date CLS Service Commenced _____

Allergies

Seizures

Pharmacy Name _____

Contact Name _____ Phone _____

Public Trustee Contact Name _____

Account Number _____ Phone _____ Fax _____

Pertinent Medical Issues

Special Considerations (including support required when in hospital)



The information you provide may be used for phone contact or correspondence from the Community Living Society. Please list the names of the individuals to be contacted in the event of an emergency.

Relationship: Mother [] Father [] Brother [] Sister [] Aunt [] Uncle [] Advocate []
Grandmother [] Grandfather [] Other _____

First Name _____ Last Name _____

Address (include Postal Code) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

[] Would like to receive mail from CLS.

Relationship: Mother [] Father [] Brother [] Sister [] Aunt [] Uncle [] Advocate []
Grandmother [] Grandfather [] Other _____

First Name _____ Last Name _____

Address (include Postal Code) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

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Location of CLS Day Service _____

Location of Any Other Day Service

Association Name _____

Address (include postal code) _____

Phone _____ Fax _____

Contact Name _____

Residential Support Other Than CLS

Association Name _____

Address (include postal code) _____

Phone _____ Fax _____

CLS Residential Coordinator

Name _____ Home Phone _____

Ministry (Intake worker/Social worker)

Name _____

Address (include postal code) _____

Phone _____ Fax _____

Financial Assistance Worker (FAW)

Name _____

Address (include postal code) _____

Phone _____ Fax _____



Medical Contacts

Speciality _____

Name _____

Address (include Postal Code) _____

Phone _____ Fax _____

Speciality _____

Name _____

Address (include Postal Code) _____

Phone _____ Fax _____

Speciality _____

Name _____

Address (include Postal Code) _____

Phone _____ Fax _____

Speciality _____

Name _____

Address (include Postal Code) _____

Phone _____ Fax _____

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Name _____

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Phone _____ Fax _____

Speciality _____

Name _____

Address (include Postal Code) _____

Phone _____ Fax _____

Speciality _____

Name _____

Address (include Postal Code) _____

Phone _____ Fax _____