ALS Society of Canada | Société canadienne de la SLA www.als.ca

CLIENT REGISTRATION FORM

CLIENT INFORMATION	
Surname :	☐ Mr. ☐ Ms. ☐ Dr. ☐ Other : _____
First name :	Date of Birth (DD/MM/YYYY) :
Middle name(s) :	Gender : ☐ Male ☐ Female ☐ Not Identified
Relationship Status : ☐ Single ☐ In a Relationship	☐ Married ☐ Separated / Divorced ☐ Widowed
Address :	Email :
City :	Home # : ( )
Province :	Cell # : ( )
Postal Code :	Work # : ( )
Is the above address : ☐ Home ☐ Hospital ☐ Long-term Care ☐ Other	Do you live alone? ☐ Yes ☐ No
Preferred Language: ☐ English ☐ French ☐ Other : _____	**Preferred method of communication :** ☐ Email ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Text
Preferred Contact (if different than client)	
Surname : First name :	☐ Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Other : _____
Address :	Email :
City :	Home # : ( )
Province :	Cell # : ( )
Postal Code :	Work # : ( )
Secondary Contact Person (Optional)	
Surname : First name :	☐ Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Other : _____
Address :	Email :
City :	Home # : ( )
Province :	Cell # : ( )
Postal Code :	Work # : ( )
Consent to speak with contacts listed above:	☐ Yes ☐ No
If you have children 21 or under, what year(s) were they born? _____, _____ , _____ , _____	
Have you served in the Military or are you a Veteran?	☐ Yes ☐ No
Additional Information :	

393 University Avenue, Suite 1701, Toronto, ON M5G 1E6 T 416-497-2267 | F 416-497-8545 | TF 1-800-267-4257

MEDICAL INFORMATION

Family Physician :

Address :

Telephone : ( ) Fax : ( )

Neurologist :

Address :

Telephone : ( ) Fax : ( )

What is your diagnosis? ☐ ALS ☐ PLS ☐ Kennedy's Disease

Date of your diagnosis (DD/MM/YYYY) :

Have you been to any ALS Clinic? ☐ Yes ☐ No

If yes, which one? _____

INSURANCE COVERAGE

Do you or your spouse have Extended Health Benefits? ☐ Yes ☐ No

Name of Health Benefits Provider :

EMPLOYMENT HISTORY INFORMATION

Client Status of Employment :

☐ Current – Full-time ☐ Current – Part-time ☐ Retired

☐ Medical leave ☐ Unemployed ☐ Other _____

Client Occupation :

PRIVACY STATEMENT

The ALS Society of Canada respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting your privacy. We do not rent or sell our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of the ALS Society of Canada, including newsletters, programs, services, special events, donations and opportunities to volunteer. Please notify us of any changes by phone at 1-800-267-4257 or via email at info@als.ca, and we will gladly accommodate your request.

I certify that the information contained in this form is true, correct and complete to the best of my knowledge and that I have read and understood the implications of the privacy statement given above. I authorize the ALS Society of Canada to carry out necessary inquiries and obtain or release personal information for the purpose of confirming or clarifying the information provided and for service delivery purposes.

Signature of client (or legally authorized representative) : _____

Form completed by : _____

(print name)

Signature : _____ *Telephone :* _____