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

CLIENT INFORMATION	
Surname :	☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Other : _____
First name :	Date of Birth (MM/DD/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 :** Choose all that apply ☐ Email ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Text
Please indicate if your Secondary contact is preferred contact : YES OR NO	
Secondary Contact	
Surname :	☐ Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Other : _____
First name :	
Address :	Email :
City :	Home # :
Province :	Cell # :
Postal Code :	Work # :
Additional Contacts - Name	**Contact Information (Phone Number OR Email)**
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 TF 1.800.267.4257
F 416.497.8545

MEDICAL INFORMATION	
Neurologist :	
Address :	
Telephone :	Fax :
What is your diagnosis? ☐ ALS ☐ PLS ☐ Kennedy's Disease ☐ PMA ☐ SMA	
Date of your diagnosis (MM/DD/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, sell or trade 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, program and services. 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 :* _____