Re-Imagine Ontario
Changing Perceptions Changing Lives

About You

Name *

First Name Last Name

West of 55 - Referral / Intake Form

West of 55 Friends - A Friendly Visiting Program

Phone Number *

Area Code Phone Number

Address

Street Address

Street Address Line 2

City Province

Postal Code

Email

example@example.com

Ethnicity *

Language *

Your preferred language

Emergency Contact Information

Emergency Contact Name *

First Name Last Name

Emergency Contact Phone Number *

Area Code Phone Number

Relationship *

What is the relationship of your emergency contact to you (spouse, partner, son, daughter, friend, etc.)?

Living Arrangements

Living Arrangement *

- Live Alone
- With Spouse / Partner
- With Family / Friend
- Widowed
- Assisted Living
- Hospital
-

Do you have access to the Internet? *

- Yes

- ○ No

Do you have any pets? *

- ○ Yes
- ○ No

Ways you have access to the Internet? *

- ☐ Computer or Laptop
- ☐ iPad or Tablet
- ☐ Smartphone
- ☐ _____

Are you a smoker? *

- ○ Yes
- ○ No

Do you use any other in-home services? *

- ☐ Personal Support Worker (PSW)
- ☐ Nursing Services
- ☐ Physiotherapy
- ☐ Occupational Therapist
- ☐ No
- ☐ _____

Medical Information / Concerns

Medical Information

Please provide us with any medical information that would help us find you the best programs & support.

Mobility *

- ○ No

○ _____

Health Concerns

Please tell us about any health concerns you may have.

Vision Impairment *

○ No
○ _____

Please list any allergies that require regular treatment and medication:

_____

Hearing Impairment

○ No
○ _____

Speech Impairment *

○ No
○ _____

Are you completing this form for yourself or are as a Substitute Decision Maker (SDM)? *

○ Myself
○ SDM on behalf of client

SDM has provided consent for referral to Re-Imagine Ontario?

○ Yes
○ No

Referee's Name

_____ _____

First Name Last Name

Referee's Title

Referee's Phone Number

Area Code Phone Number

Referring Organization's Name

Referee's Email

example@example.com

Today's Date *

Year Month Day

Tags

{"todo":{"key":"todo","value":"Todo","color":"#FED3DB"},"inprogress":{"key":"inprogress","value":"In Progress","color":"#FBEBB5"},"done":{"key":"done","value":"Done","color":"#D3FED4"}}