



2 GOWER STREET, TORONTO, ONTARIO M4B 1E2 416-752-0101

Application/Health and Safety Form

Current Time	Intake Agency Harmony Hall Centre for Seniors
Today's Date	Intake Staff Name Urgent?(Y/N)

Member Information

Title	First Name	Last Name		
Tel		Alternate Tel		Special Calling Inst.
Address			PC	Intersection
Preferred Language		Other Languages		Marital Status
				Gender
Living Situation (insert an "X")	Lives Alone		Homeless	
	Lives Without Support		Temporary Address	
Smoker				
Pets				
Comment				
Impairments (insert an "X")	Vision		Speech	
	Hearing		Mobility	
Cognitive				
Other				
Comment				

Alternate Contact

First Name	Last Name	Tel
Alternate Tel		Address
Relationship		Comment

Referral Source (insert an "X")

Self-referral	CCAC	Spouse or family
Internal (this agency)	Family Physician	Friend or neighbour
Another CSS agency	Hospital	Other (explain)
Flyer	Newspaper	Other

Services Note not all offered by Harmony Hall (Rec = currently receiving, Req = requested)

Rec	Req	Service	Provider / Comment	Rec	Req	Service	Provider / Comment
		Adult day program				Lifeline	
		Caregiver support				Meals on Wheels	
		Case management				Mental health support	
		CCAC				Personal care or support	
		Crisis support & assistance				Respite	
		Foot care				Security check	
		Friendly visiting				Social & recreational	
		Group dining				Social work	
		Health promotion				Shopping assistance	
		Home help or homemaking				Shopping list pick-up	
		Home maintenance & repair				Shopping trips	
		Hospice care				Supportive housing	
		Informal supports				Transportation	
		Other (explain)				Other (explain)	

Do you have any serious medical conditions that we should be aware of in case of an emergency? (*heart condition, diabetes, seizures, high/low blood pressure, cancer, arthritis etc.*)

Yes No

Please describe in detail:

Are you on any medication? Yes No

Name each medication:

Are you allergic to anything: Yes No

If yes, please clearly describe:

Do you have any dietary concerns we should be aware of? Yes No

If yes what please clearly describe:

When did you have your last Tetanus Shot? Year _____

Date of birth: (*for statistical purposes and we like to send birthday cards*) _____
Day/Month/Year

HARMONY HALL CENTRE FOR SENIORS **WAIVER OF RESPONSIBILITY**

I HEREBY

1. Agree to update the above information as necessary.
2. Give permission to a staff member or volunteer to call 911 or take me to a medical facility should I become ill or injured (at 2 Gower St. or on Trips).
3. Agree to release from responsibility and hold harmless Call-A-Service Inc./Harmony Hall Centre for Seniors; it's Board of Directors, volunteers, and all staff members for all liability regarding my person and/or property during trips.
4. Agree to consult a physician if I have any doubt about my medical condition prior to taking a trip and before joining a fitness class.
5. I understand that photos taken during programs, events and trips may be shown by Call-A-Service/Harmony Hall Centre for Seniors in our photo albums and publicity.
6. Give consent for Call-A-Service/Harmony Hall Centre for Seniors to collect my personal and health information, and share when needed this information with our staff and our partners. I know that my information is private, and unless required by law, Call-A-Service/Harmony Hall Centre for Seniors will not give out my information to anyone else without my permission.

(Signature)

(Date Signed)