AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF

NEW BRUNSWICK AND NOVA SCOTIA

Client Enrollment Form (Confidential)

Client Information

Surname:	◯ Mr. ◯ Ms. ◯ Mrs. ◯ Dr.
First Name:	Sex: ◯ Male ◯ Female
Middle Name:	Date of Birth (M/D/Y):
Address:	
City:	Business #:
Province: Postal Code:	Home #:
Email:	Cell #:
Primary Alternate Contact Person	
◯ Spouse ◯ Partner ◯ Parent ◯ Son ◯ Daughter	
Surname:	First Name:
Address:	
City:	Business #:
Province: Postal Code:	Home #:
Email:	Cell # :

ALS Society of New Brunswick and Nova Scotia
1000 Windmill Road, Suite 1
Dartmouth, NS B3B 1L7

Telephone # 1-866-625-7257 www.alsnbns.ca
tcooper@alsnbns.ca

CARE FOR TODAY/HOPE FOR TOMORROW

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Secondary Alternate Contact Person	
◯ Spouse ◯ Partner ◯ Parent ◯ Son ◯ Daughter ◯ Other	
Surname:	First Name:
Address:	
City:	Business #:
Province: Postal Code:	Home # :
Email:	Cell # :
Additional Information Please list children or other dependents living at home and their ages so that we may provide appropriate support:	
Have you served in the Military or are you a Veteran?	◯ Yes ◯ No
Have you received a copy of " A Manual for People Living With ALS"?	◯ Yes ◯ No
If not, would you like to receive a copy now?	◯ Yes ◯ No

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Medical Information			
Family Physician:			
Address:		Postal Code:	
Telephone #:		Fax #:	
Neurologist: Physiatrist:	Telephone #: Telephone #:	Date of Diagnosis:	
Do you have a definitive or probable ALS Diagnosis?		◯ Yes	◯ No
Please note the ALS Society is unable to enrolled clients with PLS, PMA, PSA, FOSMA and other neuromuscular diseases			
Other Medical Conditions/Concerns:			
Are you a smoker		◯ Yes	◯ No
Have you been referred to the Stan Cassidy Centre (NB) or the Halifax ALS Clinic (NS)?		◯ Yes	◯ No
Would you like ALS NBNS to send your physician information on the care of people living with ALS?		◯ Yes	◯ No

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Insurance Coverage	
Do you or your spouse have Extended Health Benefit?	◯ Yes ◯ No
Name of Health Care Provider:	

Employment History Information	
Status of Employment:	◯ Working ◯ Retired ◯ Medical Leave
Employer:	
Spouse/Partner-Status of Employment	◯ Working ◯ Retired ◯ Medical Leave
Employer	

Confidentiality Statement

The ALS Society of NBNS respects your privacy and adheres to all legislative requirements with respect to protection of privacy. The ALS Society of NB does not rent, sell or trade contact lists. Personal information is used only to deliver services, inform you of Society activities including programs, services, special events, funding needs, volunteer and donor opportunities. Please indicate if you wish

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to receive information about ALS New Brunswick via email, mail, or phone call. Please check all that apply.

◯ I wish to receive information only on the disease of ALS and my personal file with the Society.

◯ I wish to receive information on fundraising and other events.

◯ I wish to receive notification on the Annual General and other meetings of the ALS Society of New Brunswick and Nova Scotia.

My preferred method of communication is: ◯Phone ◯Email ◯Regular Mail

Date: _____ Signature: _____

Permission to Share Information to Provide Services

The ALS Society staff work closely with the Stan Cassidy Centre, Horizon Health Network, Easter Seals, Extra Mural Program, Quality Respiratory Care, Nursing Home/Home Care Agencies, Social Workers, family physicians, occupational and physical therapists to coordinate the best possible care. It is sometimes helpful to be able to share information with these organizations. The ability to advocate for you can reduce waiting times for equipment and services. Please indicate your permission for the ALS Society of New Brunswick and Nova Scotia to discuss your case file when working on your behalf.

◯ Permission Granted ◯Permission Not Granted

Date: _____Signature: _____

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