



**Client Information**

**Name**

\_\_\_\_\_  
Last First Initial

**Physical Address**

\_\_\_\_\_  
Street (and/or Box # if needed)

\_\_\_\_\_  
City Prov. Postal Code

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy mm dd

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Diagnosis:** ALS  PLS  Kennedy's  Other

**Diagnosed by** \_\_\_\_\_

**Date** \_\_\_\_\_ **Where** \_\_\_\_\_

**Bulbar Onset?**  **Limb Onset?**

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Family Dr.** \_\_\_\_\_ **Tel** \_\_\_\_\_

**Occupation/Employer** \_\_\_\_\_

**Medical Insurance**

**Provincial Health #:** \_\_\_\_\_

**Do you have extended health benefits beyond Provincial Health Care?**

No  Yes

**If yes, check below:**

**Private Insurance** \_\_\_\_\_

**SAID / Sask. Low Income Health Supplement**

**Dept. of Veteran's Affairs**  **NIHB**

**Other (please specify)** \_\_\_\_\_

**Primary Contact**

\_\_\_\_\_  
Last First Initial

**Relationship**

**Mailing Address**

\_\_\_\_\_  
Street (and/or Box # if needed)

\_\_\_\_\_  
City Prov. Postal Code

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Secondary Contact**

\_\_\_\_\_  
Last First Initial

**Relationship**

**Mailing Address**

\_\_\_\_\_  
Street (and/or Box # if needed)

\_\_\_\_\_  
City Prov. Postal Code

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

ALS Society of Saskatchewan  
2430 8th Ave., Unit "C"  
Regina, SK S4R 5E3  
Phone: (306) 949-4100



**Children**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Circle of Support (e.g. siblings, extended family, close friends)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Other Supports**

Affiliations/Spiritual Support: \_\_\_\_\_

Other Supports: \_\_\_\_\_

Do you have?

<b>Will</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>EPOA</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Personal Directive</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Goals of Care</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do other family members have neuromuscular disorders?  Yes  No

**Consent to receive Email**

The ALS Society of Saskatchewan respects privacy and adheres to all legislative requirements with respect to protection of privacy. The ALS Society of Saskatchewan 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, and volunteer and donor opportunities. If you wish to be removed from any ALS Society lists at any time, please use the [Unsubscribe](#) link located at the bottom of every email.

Yes, I do consent.       No, I do not consent. \_\_\_\_\_  
Signature of Client

Yes, I do consent.       No, I do not consent. \_\_\_\_\_  
Signature of Primary Contact

**Date** \_\_\_\_\_