



Telephone Reassurance Program
funded by the Mississauga-Halton LHIN:



Square One Seniors Wellness Services Telephone Reassurance Program Client Application Form

Please submit this form to Lina Zita at the Square One Older Adult Centre 905-615-3207 ext.107

BIOGRAPHICAL INFORMATION			
Mr. / Mrs. / Ms.	First Name:	Last Name:	
Marital Status:	Address:		APT #:
City:	Birth Date:	Membership #:	Postal Code:
Phone Number: ()		Email Address:	
Living arrangement (i.e. alone; with family; etc) and support network:			
What other agencies are providing you with services? Please list these services.			
What are your hobbies?			
PREFERENCES			
I would like my volunteer to be (please circle one): Male Female No Preference			
I would like my volunteer to be (please circle one): Older Younger No Preference			
If you would prefer service in a language other than English, please specify here (we cannot guarantee service in your preferred language):			
What is your time preference for calls? <input type="checkbox"/> 9:00 a.m. – 11:00 a.m. <input type="checkbox"/> 1:00 p.m. – 3:00 p.m.			
MEDICAL HISTORY			
<u>Condition</u>	<u>Condition Status</u>	<u>Date of Diagnosis</u>	
1)			
2)			
3)			
4)			
5)			
I use (check all that apply): Walker___ Wheelchair___ Glasses___ Contact Lenses___ Hearing Aid___ Dentures___ Pace Maker___ Oxygen___ Other _____			
Family Doctor:		Doctor's Phone #:	
Doctor's Address:			
Signature:		Date:	