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| **Seniors Respite****Montérégie** | **Services Agreement****At Center** |

Based on information provided, Seniors Respite Montérégie accepts: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Into our Respite Program. Our Packages (Standard rates):**At the Center**Our flexible packages offer a variety of options to suit the requirements of our clients. Prices shown are all inclusive.• \_\_\_\_\_\_\_Half-day package **post lunch** 13:00-16:30 at $42.00, **or**• **\_\_\_\_\_\_\_**Full day package including lunch at $58.00, includes lunch• For those clients who choose to commit to multi days in a same week discount rates apply: 1-2 days 58$ per day, 3-4 days 52$ per day, 5 days 48$ per dayAt Center service requested is for \_\_\_\_\_\_\_\_ day(s) per week Scheduled days are: Mon\_\_, Tues\_\_\_, Wed\_\_\_, Thurs\_\_\_, Fri \_\_\_\_Please note, over time, clients may require increasing levels of support.Seniors Respite Montérégie may revise its assessment of support and advise you of the potential of a contract and rate revision.I authorize the staff of the Seniors Respite Montérégie to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the client named on this registration form.I agree to hold blameless the SRM staff against any loss, damage or injury suffered as a result of care given as part of the activities provided by the Seniors Respite Montérégie representative.**At the center**Hours of operation at the Seniors Respite Montérégie (SRM) center are from 9:30 a.m. – 4:30 p.m.Please note, there is a service fee of $10 for early drop-offs and late pickups. If the client is scheduled to attend SRM and is unable to, a 24-hour in advance notice is required. **Billing**Invoices are to be sent via email to:­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­Invoices are payable upon receipt by cash, cheque, e-transfer.Please indicate payment method here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please note that a $15.00 service charge will be added on your next invoice for payments that are more than 10 days late.Les deux parties acceptent l’utilisation de l’anglais uniquement dans le présent accord.Both Parties agree to the use of English only in this Agreement.**Client Information:** |
| Last name, first name: |
| Date of birth: |
| Street Address: |
| City, Province, Postal Code: |
| Home phone: |
| Cell: |
| Email address: |
|  |
|  |
| **Caregiver Contact Information:** |
| Last name, first name: |
| Relationship: |
| Home phone: |
| Cell: |
| Email address: |
|  |
| **Emergency Contact Information** (1): *if different from caregiver information listed above*: |
| Last name, first name: |
| Relationship: |
| Home phone: |
| Cell: |

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| **Emergency Contact Information** (2): *if different from caregiver information listed above*: |
| Last name, first name: |
| Relationship: |
| Home phone: |
| Cell: |

**RTL Adapted Transport:**

 File number:

**MEDICAL INFORMATION:**

 Alzheimer:

 Diabetes (type):

 Dementia:

 Vision:

 Heart:

 Hearing aid:

 Parkinson’s:

 Other:

**HEALTH INFORMATION:**

 Doctor’s name:

 Office phone number:

 Medicare card number:

 *(Note: a photocopy of the Medicare card is required)*

**LIST OF MEDICATIONS AND INSTRUCTION:**

 Medication: Instruction:

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| --- |
| 1: |
| 2: |
| 3: |
| 4: |
| 5: |
| 6: |
| 7: |
| 8: |
| 9: |
| 10: |

**ALLERGIES & DIETARY RESCTRICTIONS:**

 Allergy/Dietary need: Needs:

|  |
| --- |
| 1: |
| 2: |
| 3: |
| 4: |
| 5: |
| 6: |
| 7: |
| 8: |

**COMMENTS:** Likes and dislikes, fussy eater, etc.:

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Help needed during the meal? Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_

Does food need to be pureed? Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_

**DRINKS:**

 Coffee: \_\_\_\_\_\_ Milk: \_\_\_\_\_\_ Sugar: \_\_\_\_\_\_

 Tea: \_\_\_\_\_\_ Milk: \_\_\_\_\_\_ Sugar: \_\_\_\_\_\_

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

**SANITARY NEEDS:**

Needs help for restroom: \_\_\_\_\_\_\_\_\_\_

Needs to be reminded to go to the restroom: \_\_\_\_\_\_\_\_\_\_\_

Incontinence problem: \_\_\_\_\_\_\_\_\_\_\_

Uses diaper/liner/pad: \_\_\_\_\_\_\_\_\_\_\_

**MOBILITY:**

Uses cane: \_\_\_\_\_\_\_\_

Uses walker: \_\_\_\_\_\_\_\_

Uses wheelchair: \_\_\_\_\_\_\_\_

Needs help to transfer: \_\_\_\_\_\_\_\_

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

**RECALL:**

 Difficulty to remember:

 Yesterday: \_\_\_\_\_\_\_\_

 Last month: \_\_\_\_\_\_\_\_

 Long term: \_\_\_\_\_\_\_\_

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

**TENDENCY:**

 Gentle: \_\_\_\_\_\_\_\_

 Passive: \_\_\_\_\_\_\_\_

 Aggressive: \_\_\_\_\_\_\_\_

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

**AREAS TO FOCUS:**

 Socializing: \_\_\_\_\_\_\_\_

 Cognitive simulation: \_\_\_\_\_\_\_\_

 Physical activities: \_\_\_\_\_\_\_\_

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

**Any “GOOD TO KNOW” information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPPLEMENTAL INFORMATION:**

(Not mandatory, but helpful with engaging new clients in conversation):

Place of birth: city/ country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childhood cities lived in, education, other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Marital status, spouse’s name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children, grandchildren, relatives, close friends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies/interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear of Senior Respite Montérégie?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you referred to Senior Respite Montérégie? \_\_\_\_\_\_\_\_\_\_

Referred by:

 Medical office: \_\_\_\_\_\_\_\_\_

 CLSC: \_\_\_\_\_\_\_\_

 Alzheimer Assistant: \_\_\_\_\_\_\_\_

 Friend: \_\_\_\_\_\_\_\_\_

 Internet: \_\_\_\_\_\_\_\_\_

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

Contact information of referring party:

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

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We, at Senior Respite Montérégie, from time to time, post and share photos on social media and on our website. Permission to post photos:

 Yes: \_\_\_\_\_\_\_\_ no: \_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergencies:** (must be filled out):

I, the undersigned (*please print*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Senior Respite Montérégie to contact 911 in case of emergency, which cannot be handled by the Senior Respite Montérégie. The family will also be contacted immediately.

Do you have permission and documentation for a DNR (do not resuscitate) for this client?

Yes: \_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_

If yes, please provide a copy of the doctor’s legal prescription to Senior Respite Montérégie.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_