

# Client Information Form 個人資料表格

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St. Paul's programs and services are subsidized by the government; the following data are collected for the purposes of reporting, program planning, and communicating with you. The information on this form is strictly confidential and is solely intended for the authorized use set out by St. Paul's Privacy of Information Policy.

聖保羅中心的活動及服務均有政府補助，下列收集的資料是為編寫統計報告、策劃服務及與你聯絡通訊之用。本表格各項資料均嚴格保密，使用時必須遵聖保羅中心隱私政策臚列之授權指引。

## General

(Please print in English 請用英文正楷)

Client Lastname 姓		Firstname 名	
Home Phone 電話		Cellular Phone 手提電話	
Address 地址		Unit 單位號碼	City 城市
Postal Code 郵政號碼	Buzz #	<input type="checkbox"/> Own 自置物業 <input type="checkbox"/> Rent 租住	Email Address 電郵地址

<b>Gender 性別</b>	<b>Birthdate 出生日期</b>	<b>Health Card No. 醫療卡號碼</b>
Male 男	MM 月 DD 日 YYYY 年	Including version code 包括英文字母:
Female 女		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>Language 語言</b>	Mother Tongue 母語	Country of Origin 原居地	<b>Living Arrangement:</b>
If not English, do you understand English? 如母語非英語，是否懂英語	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		Lives Alone 獨居
			Lives with: 與 _____ 同住

<b>Type of Accommodation 住宅類別</b>	<b>Marital Status 婚姻狀況</b>
House	Never Married 未婚
Townhouse	Divorced 離婚
Condo/Apartment	Married 已婚
LTC Facility	Separated 分居
Retirement Home	Widowed 鰥寡
Senior Apartment	C. Law/Partner 同居
St. Paul's Rental	
St. Paul's Terrace	
Wishing Well	

<b>Referral Source: 從何處得知本中心的服務</b>			
CCAC	Church 教會	Community Agency 社區團體	Family/Relative 親屬
Friend/Neighbour 朋友/鄰居	Hospital 醫院	Media 傳播媒體	
Professional/Therapist 專業護理人員	Staff 中心人員	Other 其它:	
Referrer's Name:		Phone No:	

## Service Request

Please check the service you are interested in (有興趣使用下列的服務，請在服務旁邊格上劃上符號)

Caregiver Support Group	Client Intervention	<b>For Housing Applicant only:</b>	
Congregate Dining Service	Day Program		
Friendly Visiting	Health & Wellness		
Home Support	Meals on Wheels		
Recreation	Support Group		
Transportation	Volunteer Support		
Other:			
			Rental-Bachelor with kitchen 租住開放式有廚房
			Rental-Bachelor w/o kitchen 租住開放式無廚房
			Rental -1 bedroom 租住一睡房
		Life Equity -1 bedroom 購買一睡房	
		Life Equity -2 bedrooms 購買二睡房	

## Diagnosis

<b>Mobility Status</b> 活動能力		<b>Health Status</b> 健康狀況		Alzheimer 亞氏痴呆症	
Fully Ambulatory 行動自如		Arthritis 關節炎		Asthma 哮喘	
Cane 用手杖		Cancer 癌症		Dementia 痴呆	
Walker 助行架		Depression 抑鬱		Diabetes 糖尿病	
W/C 輪椅		Heart Disease 心臟病		High Cholesterol 高膽固醇	
Scooter 電動步行車		Hypertension 高血壓		Osteoporosis 骨質疏鬆	
<b>Transfer</b> 上落車時：		Parkinson 柏金遜症		Stroke/TIA's 中風	
Independent 不需協助		Allergies (please list) 過敏症(請列明)			
One Assistant 需一人協助					
Two Assistants 需二人協助		Other 其它		Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Most recent hospital admission</b> 最近入院記錄		Comments 備註:		Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date 日期					
Hospital 醫院					
Reason 原因					

## Contacts

### Family Physician 家庭醫生

Lastname 姓	Firstname 名	Phone 電話:
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### Emergency Contact #1 第一緊急聯絡人

Lastname 姓	Firstname 名	Relationship to client 關係
Address 地址:		Postal Code 郵政號碼
Home Phone: 電話	Cellular Phone: 手提電話	Business phone: 辦公電話
Email Address 電郵地址		
Power of Attorney for Personal Care 照顧個人健康授權人		Power of Attorney for Property and Finances 處理個人財務授權人

### Emergency Contact #2 第二緊急聯絡人

Lastname 姓	Firstname 名	Relationship to client 關係
Address 地址:		Postal Code 郵政號碼
Home Phone: 電話	Cellular Phone: 手提電話	Business phone: 辦公電話
Email Address 電郵地址		
Power of Attorney for Personal Care 照顧個人健康授權人		Power of Attorney for Property and Finances 處理個人財務授權人

Form completed by (Please Print) 填表人: \_\_\_\_\_

Signature 填表人簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_