Centralized Intake Form

Fields marked with * are required. Section headings marked with * indicate the whole section is required. If at any point you need to reset your form progress and clear all options, please press the button below.

RESET

Section 1 – Introduction *	
What healing lodge location are you applying to?*	Select an option
Reason for Referral*	

Section 2 – Personal Information							
First Name*				Last Name*			
Date of Birth (mm/dd/yyyy)*				Age		Gender*	
Sex		Pronoun		Street Address			
What is your current living situation?* (check all that apply)	☐ On-Reserve ☐ Off-Reserve ☐ Urban ☐ Rural ☐ Immediate Family ☐ Extended Family ☐ Lives Alone ☐ Homeless ☐ Group Home ☐ Shelter ☐ Alternative Care ☐ Common Law ☐ With Friend ☐ Hospital ☐ Incarcerated						
City*		Province		Postal Code			

Centralized Intake Form

Marital Status	Select an o	Phone Number*		Email*	
Health Card #		Version Code		Expiry	
Status Card Number				Expiry	
Nation Status*	Select an option	First Nation Community			
Languages Spoken*					
Languages Understood*					

Section 3 – Referral Source (if Applicable)			
First Name		Last Name	
Agency		Relationship	
Phone Number		Is this a self referral (Yes/No)	
Do we have consent to speak to your referral source to facilitate the intake process? (Yes/No)			

SUBMIT