

ALS SOCIETY OF PRINCE EDWARD ISLAND

Confidential Registration

P.O. Box 1643
 Summerside, PE
 C1N 2V5
 902-439-1600



Name _____
Last First Initial Title

Address _____
Street (& mailing address if different)

_____ City Prov. Postal Code

Date of Birth ____/____/____
yyyy/ mm /dd

Telephone _____
Home Business

Email: _____

Occupation/Employer _____

Email _____

Diagnosed by: _____

Date: _____ Where : _____

Family Dr. _____ Tel: _____

Address _____

Medical Insurance
 PHN (Provincial Health #): _____

Do you have coverage beyond Provincial Health Care?
 No Yes - If Yes check below:

Private Dept. of Veterans Affairs

1. Primary Contact _____
Last First Initial

Relationship _____

Mailing Address _____
Street (and/or Box # if needed)

_____ City Prov. Postal Code

Telephone _____
Home Business

Email: _____

2. Next of Kin/Contact _____
Last First Initial

Mailing Address _____
Street (and/or Box # if needed)

_____ City Province Postal Code

Telephone _____
Home Business

Other Supports
 Community Activities: _____

Affiliations: _____

Faith Community: _____

Do you have a Personal Directive? Yes No

Do other family members have neuromuscular disorders?
 Yes No

 Client Signature

 Date

If you choose to be available for contact by other ALS clients, please read the following carefully:

I am interested in contact with other ALS clients, and hereby give permission to the ALS Society of PEI, to share with their ALS clients the following personal information:

Check applicable items: my name email address phone number

I understand I would be contacted by the ALS office prior to release of such information.

 Client Signature

 Date

The ALS Society of PEI respects privacy and adheres to all legislative requirements with respect to protection of privacy. The ALS Society of PEI 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 please contact the office listed above.