SEMIAHMOO HOUSE SOCIETY

Application for Drop In Service – Individual Profile - ABIS

MEMBER INFORMATION

Name		Gender		Date of Birth (mm/dd/yy)	
Telephone		Cell		Email	
Address	Number and Street name	City and Province		Postal code	
Indicate Living Situation	Name of Care Provider	Name of Family member		Self	Other
BC Medical Care Card No.		Start Date			
Comments					

EMERGENCY CONTACT INFORMATION

Name		Relationship to Member	
Telephone		Cell	
Address			
Comments			

PRIMARY DIAGNOSIS FOR BRAIN INJURY / MEDICAL STATUS

INCLUDES CURRENT PHYSICAL AND MENTAL HEALTH STATUS (I.E., MENTAL ILLNESS, EPILEPSY, SEIZURE DISORDER,CHRONIC PAIN OR ILLNESS, EATING DISORDERS, ALLERGIES, NEUROLOGICAL PROBLEMS, HEART OR CIRCULATORY SYSTEM, RESPIRATORY SYSTEM, DIGESTIVE SYSTEM, URINARY SYSTEM, SIGHT/HEARING IMPAIRMENT, ENDOCRINE SYSTEM, MUSCULATORY SYSTEM, SKIN PROBLEMS, SUBSTANCE ABUSE, HIV, HEPATITIS A ,B OR C CARRIER ETC.):

Diagnosis	Source and Date of Diagnosis (mm/dd/yy)	Comments

MEDICATIONS List all medications or provide a current copy of medications administration record.

Medications	Prescribed Dosage	Reason

ADAPTIVE EQUIPMENT / AIDS: List adaptive aids currently used by the individual, including ambulatory aids, hearing aids, glasses, dentures, etc.

Equipment Used	Reason for Equipment	Special Instructions

Additional Information (What else do we need to know to best support you?)

Consent

I have received a copy of the Drop In Handbook and have had its contents reviewed by the Program Manager.

Signature of Individual or Person with Signing Authority of

Date

Signature of Acquired Brain Injury Service Manager

Date

Revised: February 2015

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Best in health care.