BRUYÈRE HELPLINE

43 Bruyère Street, Ottawa, ON K1N 5C8

Email: helpline@bruyere.org
Website: www.helplineottawa.ca

Tel.: 613-562-6368 or 1-888-557-2019
Fax: 613-562-6331 or 1-877-328-7788

CLIENT INFORMATION

☐ Mrs. ☐ Miss ☐ Ms ☐ Mr. | Preferred Language: ☐ English ☐ French | HCN #:

Name: | Date of birth (dd/mm/yyyy):

Address: | Apt. No.: | Apt. Ring No.:

Cross Street:

City: | Province: | Postal Code:

Telephone No.: | Other No.: | Telephone Service Provider:

Email:

Do you have a security alarm system at home? ☐ Yes ☐ No

If yes, name of company: | Telephone No.:

How did you hear about Bruyère Helpline?

☐ Acute care
☐ Bruyère Village
☐ Visitor of one of the Buyère sites
☐ Community case worker or agency
☐ Community Access Centre (CCAC)
☐ Bruyère Website
☐ Family or Friend
☐ Past or present Bruyère patient
☐ Bruyère Helpline kiosk / Presentation
☐ Magazine
☐ Newspaper
☐ Physician clinic
☐ Veterans Affairs
☐ Other (specify):

INSTALLATION INFORMATION

With whom should we schedule the installation? ☐ Myself ☐ Other, please specify:

Name: | Telephone No.:

Relationship:

BILLING INFORMATION

Is a subsidy required? ☐ Yes ☐ No ***Subsidies are only available for Ontario residents.**

**For subsidy requests, please provide a copy of your notice of assessment from Canada Revenue Agency.*

Name of payor / agency:

Billing address:

Street: | City:

Province: | Postal Code: | Telephone No.:

(see reverse)

MEDICAL INFORMATION		
Allergies:		
Location of medication at home:		
Other medical information:		
Special Needs (hearing, vision, other, please specify):		
Do you live alone? ☐ Yes ☐ No	If no, with whom do you live?	

RESPONDERS	
1. Name:	2. Name:
Tel. Home:	Tel. Home:
Tel. Work:	Tel. Work:
Cell / Pager:	Cell / Pager:
Relationship:	Relationship:
IMPORTANT: ALL RESPONDERS MUST HAVE A KEY TO YOUR RESIDENCE	
3. Name:	4. Name:
Tel. Home:	Tel. Home:
Tel. Work:	Tel. Work:
Cell / Pager:	Cell / Pager:
Relationship:	Relationship:

Superintendant Tel. No.:

Building Emergency Tel. No.:

Client Signature: Date (dd/mm/yyyy) :

☐ Yes, I would like to have my contact information added to the Bruyère Foundation's distribution list.

OFFICE USE ONLY		
Monthly fee :	Subsidy: ☐ Yes ☐ No	Annual Income:
PAP: ☐ Yes ☐ No	PAP Start Date:	
Service Start Date:		
Installation Fee:	Installer:	
Completed by:		

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