



**Community Support Services
SMART (Seniors Maintaining Active Roles Together)® Group
Client Registration Form**

INSTRUCTIONS

Participants: Consent information is required to participate in the program and it is required by law that VON has reviewed and received consent for all programs.

To be eligible in the SMART Program the following paperwork must be completed **BEFORE** you can participate:

- SMART Group Client Registration Form – front page only
- VON Consent to the Collection Use and Disclosure of Personal Health Information
- VON SMART Informed Consent and Waiver

Referral Sources: Please complete the front and back of this form.

DEMOGRAPHIC INFORMATION

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **Province:** _____

Postal Code: _____ **Phone Number:** _____

Email Address: _____

Date of Birth (mm/dd/yyyy): _____ **65 and under** **66+**

Client identifies as Francophone? **Yes** **No**

Client has requested service in French? **Yes** **No**

Client identifies as First Nations/Metis/Inuit? **Yes** **No**

EMERGENCY CONTACTS

Primary Contact: _____

Relationship: _____ **Phone Number:** _____

Secondary Contact (optional): _____

Relationship: _____ **Phone Number:** _____



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HEALTH

Mobility

Independent Cane/Walker Wheelchair Scooter

Are there any health concerns that will affect the client's ability to exercise?

REFERRAL (to be completed by referral source if applicable)

Referral source name: _____

Relationship to client: _____

Referral source phone number: _____

Client consents to the referral

Date of referral (mm/dd/yyyy): _____

FOR OFFICE USE ONLY

VON Consent to the Collection Use and Disclosure of Personal Health

Information completed

VON SMART Informed Consent and Waiver completed

VON Statement of Information Practices provided to client

VON Client Bill of Rights and Responsibilities provided to client

Registration completed by: _____

Date registration completed (mm/dd/yyyy): _____