



Better at Home is funded by the Government of British Columbia.



CLIENT REFERRAL FORM (Hastings-Sunrise Better at Home Program)

REFERRAL INFORMATION			
Date of Referral:		Telephone:	
Agency:		Fax:	
Referred by:		Email:	
CLIENT INFORMATION			
Last Name/Family name:		First Name/Given name:	
Prefers to be known as:		Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
Date of Birth: _____ / _____ / _____ Month Day Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Or please specify: _____	
Address: _____			
City: _____ Postal Code: _____			
Phone (s) :			
Home:	Cell:	Work:	Email:
Preferred time of contact:	Preferred method of contact:	Living Situation: <input type="checkbox"/> Living Alone <input type="checkbox"/> NOT Living Alone <input type="checkbox"/> Unknown	
Languages Spoken: Primary:	Secondary:	Does the person receive other home supports? YES , please comment below NO	
Physical Considerations:			
<input type="checkbox"/> Uses a cane	<input type="checkbox"/> Deaf/hard of hearing		
<input type="checkbox"/> Uses a walker	<input type="checkbox"/> Blind/visually impaired		
<input type="checkbox"/> Uses a wheelchair	<input type="checkbox"/> Other please specify _____		
Any infestation in either the past or present? Rats Cockroaches Bed Bugs Fleas Other: _____		Does the household contain any pets? <input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No	
Type of Service Requested:			
<input type="checkbox"/> Light Housekeeping <input type="checkbox"/> Transportation to appointments		<input type="checkbox"/> Grocery Shopping <input type="checkbox"/> Friendly Visiting	
Notes/Comments:			