

Date of Application: _____ I am completing this form for: Myself Someone Else

If you are completing this form on behalf of someone else, please provide your information below.

Name: _____ Phone: _____ Relationship to Applicant: _____

Primary Contact: Self Same as Above Other If other, please complete the below.

Name: _____ Phone: _____

Email: _____ Relationship to Applicant: _____

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Participant is 18+ Years of Age: Yes No Gender: Male Female Non-Binary _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Alberta Health Care #: _____

Calgary Transit Access: Yes No If yes, please provide the number: _____

Legal Guardian: Yes No If not, please complete the guardian information below.

Guardian Name: _____ Relationship to Client: _____

Guardian Phone: _____ Guardian Email: _____

MEDICAL INFORMATION

Date of Brain Injury: _____

Type of Injury: Traumatic Brain Injury Stroke Anoxic Brain Injury Other: _____

Swallowing Precautions/Diet: No Concerns Soft Diet Thin Fluids Thickened Fluids

Allergies: _____

Transfers: Independent Supervision 1-person 2-person Mechanical Lift

Mobility Aids: None/Independent Manual Wheelchair Power Wheelchair Walker
 Cane AFO Splint Brace

Has the applicant had any falls in the last six months? Yes No If yes, how many? _____

Please provide details of the incident(s):

EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship to Applicant: _____

LONG TERM CARE (IF APPLICABLE)

Case Manager Name: _____ Contact Number: _____

Is there any additional information you would like to share with ARBI?

Submit this completed application form to Wellness@arbi.ca
After submitting the form, applicants will be contacted to discuss the next steps.

*Participation in each Community Connection event incurs a cost of \$15.
If this poses a significant barrier for you, contact ARBI's Wellness Team at Wellness@arbi.ca
or call 403-242-7116 during office hours (8:30 AM to 4:30 PM, Monday to Friday, excluding statutory holidays).*