

# ALS SOCIETY OF NOVA SCOTIA - Confidential Registration

ALS Society of NS  
 3433 Dutch Village Road  
 Unit # 3  
 Halifax NS  
 B3N 2S7



Web: www.als.ca

**Name** \_\_\_\_\_  
 Last First Initial Title

**Address** \_\_\_\_\_  
 Street (& mailing address if different)

\_\_\_\_\_ City Prov. Postal Code

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 yyyy/ mm /dd

**Telephone** \_\_\_\_\_  
 Home Business

Occupation/Employer \_\_\_\_\_

Email \_\_\_\_\_

Diagnosed by: \_\_\_\_\_

Date: \_\_\_\_\_ Where : \_\_\_\_\_

Family Dr. \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_

**Medical Insurance**  
 PHN (Provincial Health #): \_\_\_\_\_

Do you have coverage beyond Provincial Health Care?  
 No Yes - If Yes check below:  
 Private Dept. of Veterans Affairs  
 Blue Cross  
 Other (please specify) \_\_\_\_\_

**1. Primary Contact** \_\_\_\_\_  
 Last First Initial

**Relationship** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
 Street (and/or Box # if needed)

\_\_\_\_\_ City Prov. Postal Code

**Telephone** \_\_\_\_\_  
 Home Business

**2. Next of Kin/Contact** \_\_\_\_\_  
 Last First Initial

**Mailing Address** \_\_\_\_\_  
 Street (and/or Box # if needed)

\_\_\_\_\_ City Province Postal Code

**Telephone** \_\_\_\_\_  
 Home Business

**3. Ages of Children under 19 living in the home**  
 \_\_\_\_\_

**4. Other Supports**  
 Community Activities: \_\_\_\_\_

Affiliations: \_\_\_\_\_

Faith Community: \_\_\_\_\_

Do you have a Personal Directive? Yes No  
 Do other family members have neuromuscular disorders?  
 Yes No

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

**If you choose to be available for contact by other ALS clients in NS, please read the following carefully:**

I am interested in contact with other ALS clients in NS and hereby give permission to the ALS Society of NS to share with their ALS clients the following personal information:

Check applicable items: \_\_\_\_\_ my name \_\_\_\_\_ email address \_\_\_\_\_ phone number \_\_\_\_\_

I understand I would be contacted by the ALS office prior to release of such information.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

The ALS Society of NS respects privacy and adheres to all legislative requirements with respect to protection of privacy. The ALS Society of NS does not rent, sell or trade contact lists. Personal information is used only to deliver services, inform you of Society activities including programs, services, special events, funding needs, and volunteer and donor opportunities. If you wish to be removed from any ALS Society lists please contact the office listed above.