



LETHBRIDGE  
*Senior Citizens*  
ORGANIZATION

# Adult Day Program Information

*Updates are important and must be returned within one week of receiving notice.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

## Contact Numbers

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

## Food Restrictions

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

## Medical History

\_\_\_\_\_  
\_\_\_\_\_

**Medications** (you may provide a list from your pharmacist and attach to sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr.: \_\_\_\_\_

Clinic and Clinic Phone Number: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

## Hobbies and Interests

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Member or Guardian

Date:

\_\_\_\_\_