



AMYOTROPHIC LATERAL SCLEROSIS  
SOCIETY OF BRITISH COLUMBIA

The ALS Society of BC is charitable non- government funded organization dedicated to providing direct support to ALS patients, along with their families and caregivers, to ensure the best quality of life possible while living with ALS. Through assisting research, we are committed to find the cause of, and cure for Amyotrophic Lateral Sclerosis (ALS). Through fundraising and donations, the society is able to provide services and programs at no cost to ALS patients and their families.

NOTE: Save this file on your desktop in order to fill out this form and email back to [alexandra@alsbc.ca](mailto:alexandra@alsbc.ca)

## PATIENT REGISTRATION FORM

Please provide us with the following information, which will be treated in strict confidence.

There is no registration fee for ALS Patients of the ALS Society of BC

DIAGNOSIS DATE: \_\_\_\_\_ AGE AT DIAGNOSIS: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MALE     FEMALE    DATE OF BIRTH: \_\_\_\_\_  
 SINGLE     MARRIED     DIVORCED     WIDOWED     COMMON-LAW

SPOUSE'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE (C): \_\_\_\_\_ (H): \_\_\_\_\_

EMAIL: \_\_\_\_\_

ARE YOU THE ONLY PERSON LIVING AT THIS ADDRESS?     YES     NO

PRIMARY CAREGIVER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE (C): \_\_\_\_\_ (H): \_\_\_\_\_

EMAIL: \_\_\_\_\_

NEXT OF KIN OR OTHER FAMILY MEMBERS: \_\_\_\_\_ Relationship: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE (C): \_\_\_\_\_ (H): \_\_\_\_\_

EMAIL: \_\_\_\_\_



NEUROLOGIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

DIAGNOSIS OF:  ALS  PLS

\*IF NEUROLOGIST IS NOT LOCATED AT THE ALS CENTRE AT GF STRONG, PLEASE INCLUDE LETTER OF DIAGNOSIS FROM YOUR NEUROLOGIST

DOES YOUR FAMILY HAVE EXTENDED BENEFITS OR PROVINCIAL SOCIAL PROGRAMS (MINISTRY)?  
YES  \*IF YES PLEASE ADVISE: \_\_\_\_\_ NO

ARE YOU VETERAN MEMBER OR AN IMMEDIATE FAMILY MEMBER?: YES  NO

ARE YOU CURRENTLY EMPLOYED?:  FULL TIME  PART TIME  NO  RETIRED

BC CARE CARD #: \_\_\_\_\_

DO YOU HAVE CHILDREN AGED:  0 - 12  13 - 18  19 - 21  22+  NO

**I WOULD LIKE TO RECEIVE INFORMATION ON:**

- ALS Guide - The guide provides information on the services of ALS Society of BC; information about ALS; after diagnosis; living with ALS; for caregivers; research and additional resources.**
- Support Group Meetings
- Summer Camp (Ages 8 - 17)
- Helping Children Cope with ALS - A Parental Guide
- When Someone Special Has ALS - A Booklet For Children
- When Your Parent Has ALS - A Booklet For Teens
- Volunteer Program & Volunteer opportunities of the Society
- Fundraising Events
- Making a gift (through Will, Stock Donation, etc)
- Do you want us to contact your family physician to provide information about ALS?

Family Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

IF THERE ARE ANY QUESTIONS REGARDING FILLING OUT THE MEMBERSHIP FORM PLEASE CONTACT THE PATIENT SERVICES AT 1-800-708-3228 / EXT. 226 / 228 OR EMAIL [alexandra@alsbc.ca](mailto:alexandra@alsbc.ca)

**ALS SOCIETY OF BC**

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[www.alsbc.ca](http://www.alsbc.ca) Charitable Registration #10670 8985 RR0001