
OPEN ARMS PATIENT ADVOCACY SOCIETY INTAKE FORM

Thank you for contacting Open Arms Patient Advocacy Society. We are here to assist you so know that you are in the care of concerned individuals who wish to advocate on your behalf. Thank you for filling out this Intake form as accurately as possible, as it will help us to better assist you with your request. The confidentiality of your health records is of utmost importance to us so please remain assured that we will protect your information in accordance with FOIP regulations.

By filling and submitting this form, I agree to have the Open Arms Patient Advocacy Society contact me to provide services and follow up on my request. I agree that I have provided accurate information based on my personal knowledge and /or experience.

| | |
|---|---|
| | Date (date/month/year): |
| 1 | Name (first/surname): |
| 2 | Date of Birth (date/month/year): |
| 3 | Telephone: |
| 4 | Email: |
| 5 | Address: |
| 6 | I am seeking advice/information on behalf of: name and relationship with person, if not yourself: |
| 7 | Type of complaint: (e.g. against Alberta Health Services, Physician, College of Physicians and Surgeons, Medical Care, to Navigate through the system, Other) |
| 8 | Medical category: (e.g. women's health) |
| 9 | Complaint/problem: |

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| 10 | Have you taken any legal action? If so please include details: |
| 11 | Have you made any complaints or had discussions with the health services/physicians? If so please include details, who you spoke to/outcome: |
| 12 | If answer to question (10) is yes - please list any questions you have asked: |
| 13 | Do you have any illnesses/medical problems: |
| 14 | Medical History: |
| 15 | Hospital admittances in last 2 years: |
| 16 | Medication currently on: |
| 17 | Is there anything else we should know about you, to help with your case: |
| 18 | What are you looking for/expectations of Open Arms: |
| 19 | How did you hear about Open Arms: |

If you need more space to complete an answer please include it on a separate piece of paper and include the question number.

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We ask that if you use our services you enter a commitment with us, in that, if at any point you do not wish to continue please let us know straight away. Open Arms is run by volunteers and our time is very limited.

Consent to Disclose

I, _____ (print name clearly) hereby authorize Open Arms Patient Advocacy Society to disclose information regarding my case and my request when advocating on my behalf. I understand the purpose for disclosing this personal health information to the agency above.

Client Signature

Date:

Witness Signature

Date:

Information included:

1. Intake form (this form) – to complete, sign and return to us
2. Client Confidentiality Agreement – to sign and return to us
3. Waiver, Release & Indemnity – to sign and return to us
4. Information on Open Arms - what we do, our objectives

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