North East Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario du Nord-Est

General Public Application

Patient Information

First name:		Gender:	
Last name:		Health card number:	Version code
Date of birth:	dd / mm / yy	Phone number:	

Caregiver Information

First name:		Phone number:	
Last name:		Relationship to patient:	

Referral Source Information

**Please complete the section below with your information (the individual making this referral)*

First name:		Relationship to patient:	
Last name:		Phone number:	

Legal Consent to NE BSO Services and Treatment for Personal Care

Is the individual capable of consenting to BSO Services? ☐ **Yes** ☐ **No**

*****If yes****, please complete the fields in Section A. **If the answer is no**, please move forward to Section B.*

Section A:

Date of consent:	dd / mm / yy	Time of consent:	

Section B: Individual Providing Consent

First name:		Date of consent:	dd / mm / yy
Last name:		Time of consent:	
Relationship to patient:		Phone:	

Please select the option which best describes the role of the consenting individual:

☐ Specifically appointed/enacted Power of Attorney ☐ Substitute Decision-Maker via Family

☐ Substitute Decision-Maker via Alternate (eg. Public Guardian and Trustee)

***Upon submission of this referral, a Clinical Intake Specialist from NE BSO will contact you via telephone to gather further information. Should you have any questions or concerns please call 1-855-276-6313 and we will gladly assist you.**