



## Red Path Intake Form

# Red Path Program Intake

### Intake

#### Contact

First Name

Last Name

Date of Birth (YYYY-MM-DD)

Sex (Select only one)

- Male
- Female
- Intersex
- X

Email

Mobile Phone

Other Phone

SMS Reminders (Select only one)

Email Reminders (Select only one)

- None
- 2 hours before appointment
- 4 hours before appointment
- 6 hours before appointment
- 8 hours before appointment
- 12 hours before appointment
- 24 hours before appointment
- 48 hours before appointment
- 72 hours before appointment
- 96 hours before appointment
- None
- 2 hours before appointment
- 4 hours before appointment
- 6 hours before appointment
- 8 hours before appointment
- 12 hours before appointment
- 24 hours before appointment
- 48 hours before appointment
- 72 hours before appointment
- 96 hours before appointment

**Address**

Street Address

City

ZIP/Postal Code

Region (Select only one)

- Ontario

**Emergency Contact**

Name

Phone

Relationship (Select only one)

- Dependant
- Other
- Parent
- Spouse
- Partner

- Sibling
- Doctor
- Lawyer
- Teacher
- Third-Party

**Other**

Insurance

Referral

Method of Payment: (Select all that apply)

- Cash
- Third Party
- NIHB

Status Number (if applicable):