BRIDGEPOINT CENTER FOR EATING DISORDERS

PART A - Basic Information (Filled out by applicant)

Program applying for:			
Dates:			
Client name:			
Date of Birth:			
SHSP Number:			
Current Address:			
	Box/Street	**City, Province**	**Postal Code**
Phone Numbers: Home		**Work:**	
Cell:			
Client email address:			
Next of Kin: Name:			
Relationship:		Next of kin will be contacted in emergency situation	
Address:			
	Box/Street	**City, Province**	**Postal Code**
Phone Numbers: Home:		**Work:**	
Cell:			
Counsellor's name:			
Phone:		**Email:**	
Physician's name:			
Phone:		**Email:**	
Date:			
Signature:			

BridgePoint is a Scent Free Facility

BridgePoint Center Inc.
Box 190, Milden, Saskatchewan S0L 2L0
Phone: (306) 935-2240 Fax: (306) 935-2241
Email: bridgepoint@sasktel.net Website: www.bridgepointcenter.ca

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PART A - Getting to know you

1. a) What are your supports?

b) If you are working with a counsellor what issues are you currently working on?

2. Do you have any health issues or concerns?

3. Do you have any allergies?

4. Describe your current experience with food.

5. What other information would you like us to know about you?

Printed Name:	
Signature	
Current Phone Number:	Date:

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