



Quinte Access

REGISTRATION FOR TRANSPORTATION

(Please Print)

Today's date:				Client Registration #:			
CLIENT INFORMATION							
Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Mobility	
						<input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory <input type="checkbox"/> Walker <input type="checkbox"/> Scooter	
Retirement/Nursing Home:			Birth date (MM/DD/YYYY):			Age:	Sex:
							<input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Home phone no.:		Cell phone no.:		
			() -		() -		
P.O. box:	City:		Postal Code:		e-Mail Address:		
MEDICAL/DISABILITY INFORMATION							
Medical Disability (if applicable)							
Medical conditions of which the bus operator should be aware of? Please explain:							
Main purpose(s) for requesting service (check as many as applicable)							
<input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Medical <input type="checkbox"/> Recreation <input type="checkbox"/> Entertainment <input type="checkbox"/> Shopping <input type="checkbox"/> Visiting <input type="checkbox"/> Other							
On what basis do you need our services?							
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasional <input type="checkbox"/> Unknown							
Attendant Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you able to climb steps?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
IN CASE OF EMERGENCY							
Name of local friend or relative			Relationship to patient:	Home phone no.:		Work phone no.:	
1				() -		() -	
2				() -		() -	
<p>*Please note that if eligibility of an applicant is questioned, a doctor's certification of medical history may be requested. Information provided will be kept in the strictest of confidence.</p> <p>I certify that due to a Medical Condition and/or am a senior, I am unable and/or find it difficult to use other traditional means of transportation and require your assistance with transportation.</p>							
Client/Guardian signature				Date			