NIGHTINGALE
PATIENT CARE ADVOCACY

Patient Intake Form

Patient Name (Last, first):				**Date:**	
D.O.B.		**Care Card (optional):**		**Time:**	
Patient Address:			**Phone number**		
			Mobile number		
NOK		**Relationship**		**Phone Number**	
Family Doctor		**Number/Address**			
Specialist		**Number/Address**			
Chief Concern:					
Medications:			**Allergies:**		
Immunizations		**Past surgeries**			
Past Medical History					
Residential Type		**Family network**			
Community Services used:					

Advocacy Needs:

☐ Accompanying to medical appointments	☐ Prep. Visit prior to appointments	☐ Post apt. client teaching / family meeting	☐ Residential Care Facility Investigation	☐ Mediation: Family, healthcare team, etc	☐ Hospital visitation to advocate care
☐ Health coaching	☐ Medication reconciliation	☐ Chart auditing	☐ Care plan meetings	☐ Nurse Liaison	☐ RN Consulting
☐ Email and teleconference support	☐ Assistance with insurance companies	☐ Healthcare navigational advocacy	☐ Monthly health Reporting	☐ Assistance with Grants	☐ Safety and wellness visits

How did you hear about us?

In your own words:

Person Completing Form	**Name/relationship:**	**Date:**

Please return form back to info@nightingalepca.com or at our office. 100A 1449 St Paul St. Kelowna. BC./ 250-862-8894