



Compassionate and consistent care at your doorstep...

Participant Intake Form

Employee Information

Full Name

Preferred Name

Phone Number

Email

Home Address

Emergency Contact

Full Name

Relationship

Phone Number

Email

Medical & Health Information

Diagnosis


- Developmental Disability
- Autism Spectrum
- Physical Disability
- Cognitive Impairment
- Dementia
- Others: _____

Mobility Status

- Independent
- Uses Walker
- Uses Wheelchair
- Requires Staff Assistance

 **Phone**
+1 (647) 917-7795

 **Email**
contact@neocare.ca

 **Address**
2247 Hurontario Street
Mississauga, L5A2G2



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Allergies

Medications (if administered during program hours)

Dietary Restrictions

Does participant require 1:1 support?

- Yes
- No
- Not Sure

Behavioral or Sensory Considerations

Daily Support Needs

- Personal hygiene reminders
- Toileting assistance
- Feeding assistance
- Medication reminders
- Mobility transfers
- Communication support
- Emotional regulation support

Additional notes:



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Interests & Preferences

What activities does the participant enjoy?

- Painting / Arts & Crafts
- Music
- Dancing
- Light Exercise
- Board Games
- Social Activities
- Gardening
- Drama / Role Play
- Quiet Activities

Other interests:

Consent & Agreement

- I confirm that the information provided is accurate.
- I consent to NeoCare staff providing supervised activities and support.
- I understand that this program is not a medical facility.
- I consent to emergency medical care if required.

Media Consent

- I give permission for NeoCare to use photos/videos for promotional purposes.
- I do not give permission.

Signature (Guardian/Participant) _____

Date _____



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