CHERISHED MOMENTS
Therapeutic Recreation Services
BUILDING PURPOSE | PROMOTING HEALTH | CREATING JOY

Client Intake Form

This form helps us learn about your interests, goals, and needs so we can create programs that are meaningful and supportive for you. Email completed form to melissa.hood@cherishedmomentstrs.ca

Participant Information	
Full Name *	
Preferred Name / Nickname	
Date of Birth *	
Age	
Gender Identity *	
Primary Language *	
Address	
Phone Number *	
Email Address	

Emergency Contact

Name *	
Relationship *	
Phone Number *	
Email Address	

Medical & Health Information

This information is used to develop safe programming using best practices which are dependent on various health measures.

Primary Physician	
Allergies *	
Dietary Considerations (Modified texture, soft to chew, etc.) *	

Mobility (check all that apply) * • Independent • Cane • Walker • Wheelchair • Other: _____
Vision (check all that apply) * • Good • Glasses • Low Vision • Blind • Other: _____
Hearing (check all that apply) * • Good • Hearing Aids • Deaf • Other: _____

Other Health Considerations (Seizures, heart disease, COPD, diabetes, etc.)	

Recreation and Leisure Information

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What are your recent and current interests? (check all that apply) *

- Physical / Wellness - Walking, Exercise, Sports, Yoga, Dance
- Creative / Expressive - Art, Music, Crafts, Writing, Photography
- Social / Community - Outings, Sports, Coffee/Tea Group, Volunteering
- Spiritual / Reflective - Meditation, Nature/Outdoors, Journaling, Faith Practices
- Cognitive / Skill Building - Puzzles, Reading, Computer, Learning New Skills
- Other: _____

What are your barriers to recreation participation (check all that apply) *

- Physical
- Social
- Cognitive
- Psychological
- Spiritual
- Transportation
- Other: _____

What is important to you? (check all that apply) *

- Meeting new people
- Staying active
- Learning new skills
- Reducing stress
- Improving mood
- Building confidence
- Other: _____

Do you have a bucket list activity or dream experience you would love to try? Include all, no matter how big, small, or unlikely it may seem.

What helps you feel most comfortable and confident during activities? (check all that apply) *

- Having someone nearby for reassurance or guidance
- Enjoying encouragement to try new things or be gently challenged
- Handholding or physical support
- Clear step by step instruction
- Extra time to complete tasks
- Quiet spaces or fewer distractions
- Using adaptive tools or modifications
- Other: _____

How can staff best support you?

Family & Caregiver

What would you like us to know about your loved one? *

How can we support your family as caregivers?

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Consent

I understand that Cherished Moments Therapeutic Recreation Services will use this information to provide safe, meaningful, and individualized programs. Information will be kept confidential. *

Participant/Caregiver Name: *

Participant/Caregiver Signature: *

I, _____, certify that I am legally authorized to act on behalf of _____. I have the authority to provide the necessary information and engage services on their behalf in their best interest.

Caregiver Name:

Caregiver Signature: