



Mount Pleasant Neighbourhood House

800 East Broadway • Vancouver BC, Canada • V5T 1Y1

Phone: 604.879.8208 • Fax: 604.879.4136 • info@mpnh.org • www.mpnh.org

Better at Home Intake Form

(Complete and email to betterathome@mpnh.org)

Participant Information

Is there a preferred Contact? (Other than senior)

Name:

Phone #:

Email:

Seniors First name:

Seniors Last name:

*Date of birth:

Age:

Phone (primary):

Phone (Secondary):

Email:

Street address (inc. buzzer and unit#):

City:

Province:

Postal Code:

Would you like to receive our senior's newsletter by phone or email?



4543 Canada Way • Burnaby, BC V5G 4T4 • P 604.268.1312 • Fax 604.293.0220

www.betterathome.ca





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*Living Arrangement:

- Living alone
- Do not live alone (**living with who**)
- Unknown

Marital status:

- Married
- Common law
- Single
- Divorced
- Widowed

*Gender:

- Female
- Male
- Other
- Prefer Not to Disclose
- Unknown

*Primary language:

- English
- French
- Indigenous Language
- German
- Korean
- Mandarin
- Cantonese
- Punjabi
- Tagalog
- Farsi
- Spanish
- Other

*Referral source:

- bc211
- Host organization
- Other community-based agency
- Advertisement
- Allied health professional
- Physician
- Nurse
- Friend/family
- Self-referral
- Unknown
- Other:

Services

Services requested and relevant details (check all that apply):

- Friendly Visits
- Light Housekeeping
- Light Yard Work
- Minor Home Repairs (Not available at this time)
- Snow Removal (Not available at this time)
- Grocery Shopping
- Prepared Meal Services
- Prescription Pickup/Delivery
- Transportation
- Group Activities
- Other



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SENIORS FULL NAME:

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Emergency Contact

First name:

Last name:

Relationship:

Email:

Phone (primary):

Phone (secondary):

Home

Accommodation Type:

- House
- Suite in house
- Townhouse
- Apartment/condo
- Assisted living
- Mobile
- Subsidized
- Other _____

Potential hazards:

- Hoarding/excessive clutter
- Biohazards (e.g. improperly stored insulin syringes)
- Aggressive pets
- Aggressive residents/visitors
- Substance misuse
- Cigarette or other smoke
- Structural issues (e.g. unsafe stairs)
- Other _____

Pets or pet infestation? Please describe:

Service Needs

Preferred Days and times for services:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Preferred Days and times for services:

- Morning
- Afternoon



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SENIORS FULL NAME:

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***Receiving other publicly funded home supports:**

- Yes
- No

If yes, please indicate:

- Veteran's Affair Canada
- Health Authority/ Home Support
- Other:

Health

Physical health conditions:

- Balance issues
- Stroke
- Arthritis/pain
- Heart condition
- Diabetic
- Multiple medications
- Other

Allergies:

- Smoke
- Pets
- Dust
- Food
- Chemicals
- Perfume/scents
- Other

Other Physical health conditions, please describe:

Mobility Aids:

- Cane
- Walker
- Wheelchair
- Other

Able to get in and out of vehicle without assistance?

- Yes
- No

Mental health conditions or cognitive impairments:

