

Essential Care Partner Application Form

Today's Date:

Patient's Name:

Unit the Patient is currently on:

Date the Patient was admitted:

Name of Essential Care Partner:

Relationship to the Patient:

Phone number:

Email address:



Essential Care
Partner

Does the Patient meet the definition of vulnerable as defined below?

Someone who is or may be for any reason unable to protect and take care of themselves against significant harm or exploitation (e.g. patient under 18 years of age, has a cognitive impairment, significant developmental and/or intellectual disability, frail elderly, has mobility concerns, or is unable to effectively communicate).

Yes No

Care and support of the Patient requires: (please check all that apply)

- Personal Care
- Mobility
- Feeding/Mealtime
- Communication for hearing, visual, speech
- Cognitive, intellectual, or memory impairment
- Supported decision making
- Other (please specify)

Please send the completed form to patientrelations@gbqh.on.ca