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ST. JOSEPH'S CONTINUING CARE CENTRE

Consent for Referral

I, _____
(First name and last name)

consent for the collection of all personal and medical information necessary to determine eligibility for admission to St. Joseph's Continuing Care Centre (SJCCC) and to maintain this information on file.

For applications for rehabilitative care:

- I agree to actively participate in a rehabilitative program and activities of daily living as recommended by the clinical team.
- I understand that overall length of stay in the slow-paced rehabilitation program will be determined by the clinical team at SJCCC based on my needs and progress in the program.
- I understand that applicants admitted to slow-paced rehabilitation at SJCCC must be prepared to return home after their stay or have an alternate place to which they can return. I understand that I cannot wait for LTC placement from an SJCCC bed.

Signature

Application date (DD/MM/YYYY)

Relationship to applicant