



HEALING & WELLNESS

SENIOR SUPPORT SERVICES

Care Companion

Métis Nation
of Ontario 

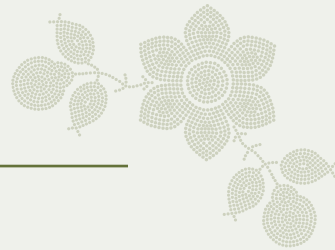


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***These pages contain sensitive information. It is recommended to keep this information in a secure space.*

MY HEALTH INFORMATION



PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Address: _____ MM / DD / YYYY
City: _____ Postal Code: _____
Gender Identity: _____ Cell Phone: _____
Preferred Language: _____ Home Phone: _____

Do you have any dependents? (A dependent is someone that relies on you for physical, financial or emotional support).

☐

No

☐

Yes

Age(s) _____ Dependents with disabilities _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Cell Phone: _____ Home Phone: _____
Next of Kin: (closest living relative) _____

Name: _____ Relationship: _____
Cell: _____ Home Phone: _____

Substitute Decision Maker (also known as a Power of Attorney, someone legally assigned to make decisions regarding your care).

Name: _____ Relationship: _____
Cell Phone: _____ Home Phone: _____

PRIMARY CARE TEAM

Family Doctor: _____ Phone Number: _____
Nurse Practitioner: _____ Fax Number: _____

Address: _____
Specialist Physician: _____ Phone Number: _____
Specialist Type: _____ Fax Number: _____
Address: _____

Specialist Type: _____ Phone Number: _____
Address: _____ Fax Number: _____

EXISTING MEDICAL CONDITIONS

Do you have a history of any of the following health concerns?

Seizures: _____ Heart: _____
Breathing: _____ Diabetes: _____
Psychiatric: _____ Stroke: _____
High Blood Pressure: _____ Cancer: _____
Mobility Issues: _____ Other: _____

Additional Comments:

MEDICAL HISTORY

Previous Surgeries

Date	Reason	Specialist

Allergies

Do you carry an Epi-Pen?

☐

Yes

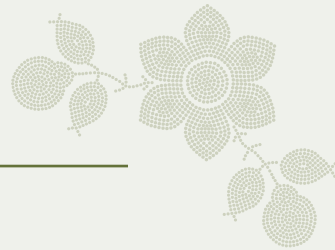
☐

No

MEDICATIONS

Date	Dose	What is the medication for?

APPOINTMENT TRACKER



APPOINTMENT DETAILS

Date: _____ Time: _____
Provider Name: _____ Specialty: _____
Location: _____ Phone Number: _____

Reason for Visit:

Questions:

Concerns:

Test Results:

Notes:

Referral:

Provider Name: _____ Specialty: _____
Location: _____ Phone Number: _____

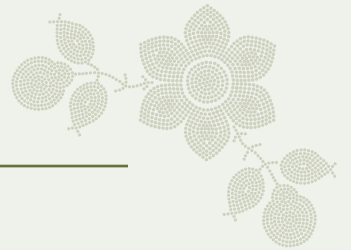
Next Steps:

Follow Up:

Next Appointment:

Date: _____ Time: _____

APPOINTMENT TRACKER



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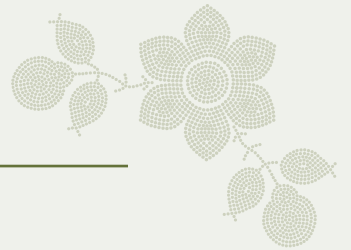
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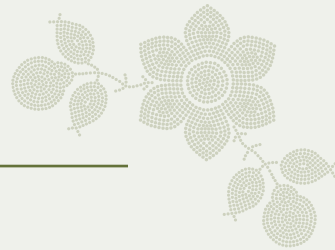
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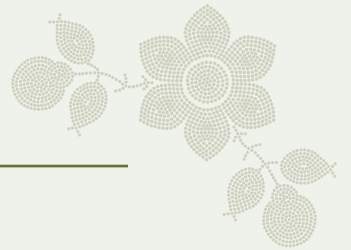
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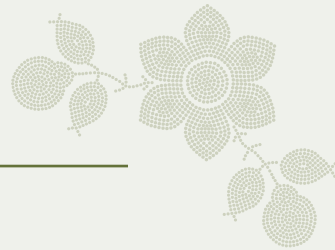
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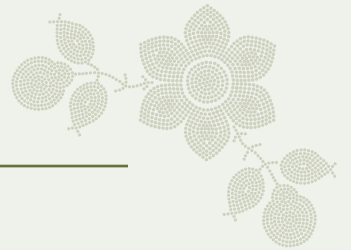
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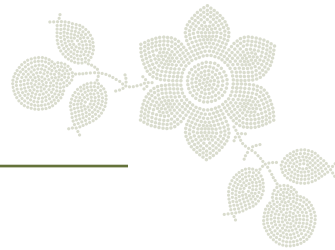
Next Steps:

Follow Up:

Next Appointment:

Date: _____ Time: _____

MY CARE TEAM



AGENCY

Name: _____

Title: _____

Phone Number: _____

Phone Number: _____

Email: _____

Address: _____

SERVICES

NOTES

AGENCY

Name: _____

Title: _____

Phone Number: _____

Phone Number: _____

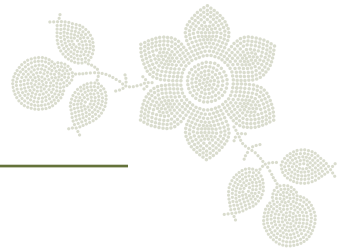
Email: _____

Address: _____

SERVICES

NOTES

MY CARE TEAM



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Name: _____

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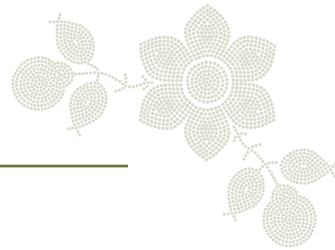
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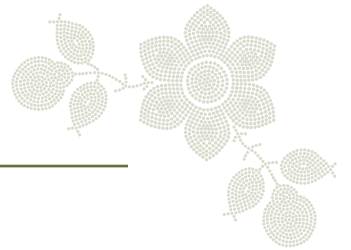
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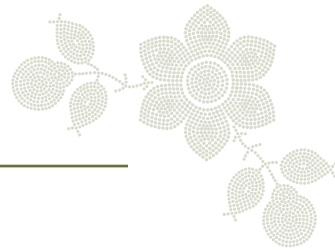
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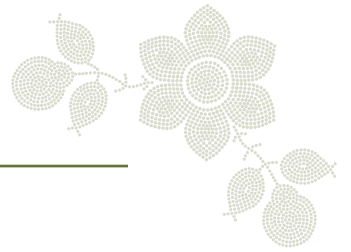
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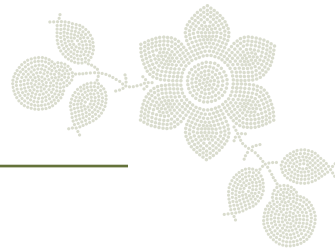
BUSINESS CARDS



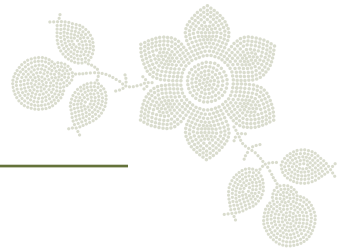
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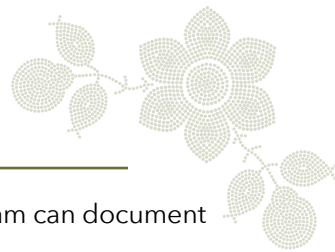
BUSINESS CARDS



BUSINESS CARDS



MY SERVICE PLAN



The purpose of this chart is to create a space where you and your care team can document your goals and the things you are doing to reach your goals.

Areas for Support	Action Items	Who will action this?	Timeline

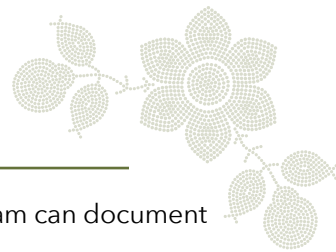
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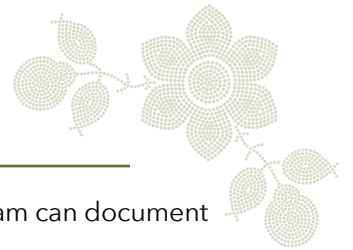
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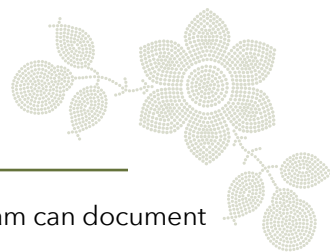
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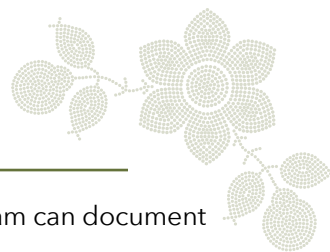
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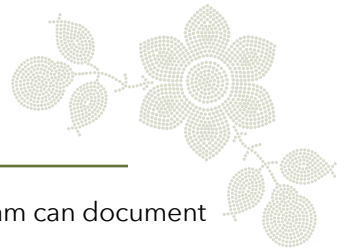
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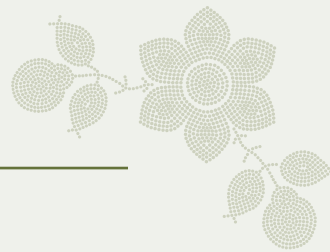
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Areas for Support	Action Items	Who will action this?	Timeline

FUTURE CARE PLANNING



MY SUPPORT NETWORK

Here, you can list your family, friends, and formal caregivers that are currently supporting you with your care, or you can list individuals you would feel comfortable with providing care should you require it.

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

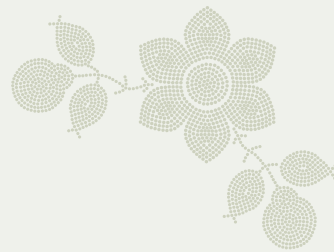
Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

MY IMPORTANT DOCUMENTS

Where do you keep your important documents? Documents such as your financial details, home information, will, power of attorney, photo ID's and birth certificate should be kept in a safe and secure location. It's important though that your support network is able to easily find and access it in the case of an emergency. Here, you can list what documents you have, and where you keep them.

Document	Location



PROFESSIONAL CONTACTS

LAWYER

Name: _____

Business: _____

Phone Number: _____

Phone Number: _____

Email: _____

Address: _____

NOTES

ACCOUNTANT

Name: _____

Business: _____

Phone Number: _____

Phone Number: _____

Email: _____

Address: _____

NOTES

OTHER

Name: _____

Business: _____

Phone Number: _____

Phone Number: _____

Email: _____

Address: _____

NOTES



BANKING INFORMATION

(STORED IN SECURE LOCATION OR LOCK BOX-PERSONAL & CONFIDENTIAL)

This can include but is not limited to your chequing and savings accounts, investment accounts, loans, and credit cards.

Bank	Account Number	Password

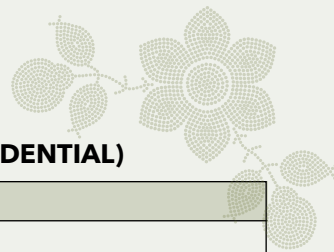
BILLS

Date Completed:

Bill Type	Who it's with	Monthly Cost	Debt Remaining
Income Tax			
Mortgage/Rent			
Property Tax			
Property Insurance			
Vehicle Loan			
Vehicle Insurance			
Gas			
Hydro			
Water			
Phone			
Television			
Internet			

INCOME

Sources	Monthly Amount	Deposited To
Employment		
Employment Pension		
Old Age Pension		
Canada Pension Plan		
Ontario Works		
Ontario Disability Support Program		



PASSWORDS

(STORED IN SECURE LOCATION OR LOCK BOX-PERSONAL & CONFIDENTIAL)

Technology			
Cell Phone			
Computer/Laptop			
Tablet			
Email			
Email Address	Password		
Financial			
Account	Company Name	Username	Password
Home Insurance			
Vehicle Insurance			
Health Insurance			
Life Insurance			
Canada Revenue Agency			
Hydro Account			
Gas Account			
Water Account			
Subscriptions			
Account	Username	Password	
Social Media			
Account	Username	Password	
Other			
Account	Username	Password	

END OF LIFE PLANNING

(STORED IN SECURE LOCATION OR LOCK BOX-PERSONAL & CONFIDENTIAL)

What does a good death look like for me?

Do I wish to be a donor? If so, what am I comfortable donating?

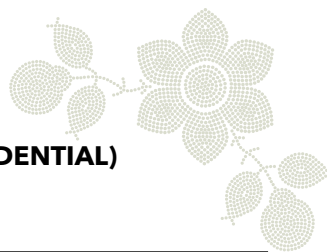
What are my wishes for my body when I die?

Do I want a funeral or celebration of life? If so, what would I like it to look like?

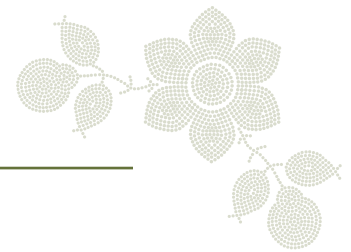
What would I like my obituary to include?

What would I like my legacy (meaning making) to be?

What is one thing I would like my loved ones to remember about me?



PROVINCIAL PHONE LINES



If you are currently experiencing an emergency - Call 9-1-1

For support with accessing information on local services available to you, call 2-1-1. This is a free service available to all Ontarians 24/7. 2-1-1 can provide information on social and community resources in your area.

Medical Services
If you are experiencing a medical emergency, call 9-1-1 or go to your local emergency dept.
Poison Control Phone Number: 1-844-764-7669 Hours: 24/7 Webpage: https://www.ontariopoisoncentre.ca
Health811 Phone Number: 8-1-1 Hours: 24/7 Webpage: https://health811.ontario.ca/static/guest/home
Rocket Doctor Phone Number: 1-867-670-2273 Hours: 24/7 Webpage: https://rocketdoctor.ca/?
Health Care Connect Phone Number: 8-1-1 Hours: 24/7 Webpage: https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner
Ontario Health at Home Phone Number: 310-2222 (no area code) Webpage: https://ontariohealthathome.ca/

Mental Health

Suicide Crisis Helpline

Phone Number: 9-8-8
Hours: 24/7
Webpage: <https://988.ca/>

Hope for Wellness

Phone Number: 1-855-242-3310
Hours: 24/7
Webpage: <https://www.hopeforwellness.ca/>

ConnexOntario

Phone Number: 1-866-531-2600
Hours: 24/7
Webpage: <https://connexontario.ca>

Health811

Phone Number: 8-1-1
Hours: 24/7
Webpage: <https://health811.ontario.ca/static/guest/home>

Ontario Psychotherapy Program

Waypoint Centre for Mental Health Care

Phone Number: 1-877-341-4729 ext. 2883
Email: osp@waypointcentre.ca
Webpage: <https://www.therapyontario.ca/>

CarePoint Health

Phone Number: 905-728-1308
Email: osp@carepointhealth.ca
Webpage: <https://www.ospcarepointhealth.ca/>

Canadian Mental Health Association - York and South Simcoe

Phone Number: 1-866-345-0224
Email: osp-referral@cmha-yr.on.ca
Webpage: <https://cmha-yr.on.ca/get-support/osp/>

Toronto Region

Centre for Addiction and Mental Health

Phone Number: (416) 535-8501 ext. 36777
Email: osp.info@camh.ca
Webpage: <https://www.camh.ca/en/patients-and-families/programs-and-services/ontario-structured-psychotherapy-osp-program>

West Region

Ontario Structured Psychotherapy West Region

Phone Number: 1-833-944-9966
Email: OSPWest@StJoes.ca
Webpage: <https://www.ospwest.ca/>

Mental Health
Ontario Psychotherapy Program
<p>East Region <i>The Royal Ottawa Mental Health Centre</i> Phone Number: 1-877-527-8207 Email: injuries@accessmha.ca Webpage: https://www.theroyal.ca/osp</p> <p><i>Ontario Shores Centre for Mental Health Sciences</i> Phone Number: 1-877-767-9642 Email: CentralizedReferral@ontarioshores.ca Webpage: https://www.ontarioshores.ca/services/ontario-structured-psychotherapy-program</p>
<p>North East Region <i>The Royal Ottawa Mental Health Centre</i> Phone Number: 1-833-496-3677 Email: neosp@hsnsudbury.ca Webpage: https://hsnsudbury.ca/en/Services-and-Specialties/Mental-Health-and-Addictions/Ontario-Structured-Psychotherapy-Program</p>
<p>North West Region <i>St. Joseph's Care Group</i> Phone Number: (807) 624-3400 Email: contact.sjcg@tbh.net Webpage: https://sjcg.net/services/mental-health_addictions/OSPP/main.aspx</p>
Specialized Services
<p>Métis Nation of Ontario Phone Number: 1-800-263-4889 Ext. 7 Email: contactus@metisnation.org Webpage: https://www.metisnation.org/</p> <p>Seniors INFOline Phone Number: 1-888-910-1999 Email: infoseniors@ontario.ca</p> <p>Seniors Safety Line Phone Number: 1-866-299-1011 Hours: 24/7 Webpage: https://www.ontario.ca/page/information-about-elder-abuse</p> <p>Victim Support Line Phone Number: 1-888-579-2888 Hours: 24/7 Webpage: https://www.ontario.ca/page/victim-services-ontario</p> <p>Service Ontario Phone Number: 1-800-267-8097 Webpage: https://www.ontario.ca/page/serviceontario</p>

LOCAL COMMUNITY CONTACTS



If you are currently experiencing an emergency - Call 9-1-1

For support with accessing information on local services available to you, call 2-1-1. This is a free service available to all Ontarians 24/7. 2-1-1 can provide information on social and community resources in your area.

ORGANIZATION

Phone Number: _____

Email: _____

Address: _____

SERVICES

ORGANIZATION

Phone Number: _____

Email: _____

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Address: _____

SERVICES

ORGANIZATION

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Email: _____

Address: _____

SERVICES

<h1 style="text-align: center;">EMERGENCY INFORMATION</h1> <p>Date Completed: _____ Day/Month/Year</p>	<h2 style="text-align: center;">PERSONAL INFORMATION</h2>
	<p>Name: _____</p> <p>Date of Birth: _____</p> <p>Health Card #: _____</p> <p>Address: _____</p> <p>City/Town: _____</p> <p>Province: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p>
<h2 style="text-align: center;">EMERGENCY CONTACTS</h2>	<h2 style="text-align: center;">HEALTH</h2>
<p><i>Substitute Decision Maker</i></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone #:: _____</p> <p>Phone #:: _____</p> <p><i>Next of Kin</i></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone #: _____</p> <p>Phone #: _____</p>	<p>Blood Type: _____</p> <p>Health Conditions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

EMERGENCY CONTACT

Name: _____

Relationship: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

EMERGENCY CONTACT

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Relationship: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

To learn more about our Aging at Home Program, scan the QR code below:



To learn more about our Community Support Services, scan the QR code below:



Métis Nation
of Ontario 