



FORT WILLIAM FIRST NATION MEDICAL FIRST RESPONSE TEAM

" SAVING & EMPOWERING LIVES IN OUR COMMUNITY. "

90 Anemki Drive-Suite 200
Fort William First Nation, ON
P7J 1L3
Ph: 1(807)631-3117

WELLNESS CHECK APPLICATION

Wellness Check Individual Information

Given Name		Middle Name		Surname	
Address			Contact Information		
Address:			Main Phone:		
City / Town:			Cell Phone:		
Province:			Email:		
Postal Code:					
How long have you lived at this address?		Months		Years	
Does the individual speak another language than English?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.					

Contact Individual Information

Given Name		Middle Name		Surname	
Address			Contact Information		
Address:			Main Phone:		
City / Town:			Cell Phone:		
Province:			Email:		
Postal Code:					



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Care Questions

If in the event individual requires emergency medical assistance, does the Fort William First Nation Medical First Response Team have the ability to contact 911?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If in the event the Fort William First Nation Medical First Response Team cannot access the home of the individual who is receiving the Wellness Check, the team will contact the individual using the provided information in the Contact Individual Information section above for additional information.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Wellness Check Individual Medical History

Cardiovascular Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Central Nervous System Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Endocrine Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eye Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gastrointestinal Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Infectious Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental Illness or PTSD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Musculoskeletal Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cancer or Remission	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nutritional & Hematologic Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Orthopedic Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Respiratory Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skin Diseases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Surgical Care & Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Urinary Tract & Renal Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hypertension & Hypotension	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hyperglycemia & Hypoglycemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Neurological Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart, Lung or Kidney Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunosuppression	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to any of the above conditions, please explain the condition(s).

If your medical condition(s) are not listed above, please list them below.



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WELLNESS CHECK APPLICATION

Declaration

I, the Individual who is submitting the Wellness Check Application, agree that the information in this application is correct and fully completed to the best of the ability of the individual who is completing the application.

I also understand that in the event there is a medical emergency with the individual who is receiving the Wellness Check service, the Medical First Response Team will provide emergency medical care to the individual and contact 911 to enable the emergency response of paramedics. In the event the individual requires emergency assistance, the team will contact the individual listed in the Contact Individual Information section above.

Signature of Applicant	Date

Please complete and submit this application to Recruitment@fwfnfirstresponse.com or to the Medical First Response Team at 90 Anemki Drive-Suite 200 (Band Office) on Fort William First Nation.

Contact information can be found on our website at fwfnfirstresponse.com.