

## Carp Ridge Healing House Guest Agreement Form

It is very important to us that we are able to anticipate all of your needs. In an effort to do this effectively, we rely on you to inform us of changes that you feel need to take place, as well as any differences in how you feel. Please do not hesitate to communicate your needs to us so that we can better support you.

- I agree to inform the Carp Ridge Healing House Host of any distress signals that I may experience in order to have the support I need, when I need it.
- I agree to inform the host should I wish to change how I am taking my medications.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Host: \_\_\_\_\_



## Designing Your Individual Healing House Stay

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Length of Stay from: \_\_\_\_\_ To: \_\_\_\_\_

Purpose(s) of Healing House Stay: \_\_\_\_\_

Condition/situation: (illness, symptoms, stresses, dying) \_\_\_\_\_

\_\_\_\_\_

Applicable Clinic Test Results: \_\_\_\_\_

\_\_\_\_\_

Extra Support Person: \_\_\_\_\_

Which room would you like?: \_\_\_\_\_

Constitutional Type: (ask for our questionnaire) \_\_\_\_\_

Any meal or other special requirements? \_\_\_\_\_

Meals: \_\_\_whole food \_\_\_vegetarian \_\_\_vegan \_\_\_raw food  
\_\_\_detoxification \_\_\_liquids only \_\_\_feeding tube \_\_\_IV

Food Allergies: \_\_\_\_\_

Other requirements or information: \_\_\_\_\_

Transportation required? \_\_\_Yes \_\_\_No

Routine: (Indicate your preferences, add notes where you like)

Movement: \_\_\_gentle \_\_\_moderate \_\_\_rigorous

Meditation: \_\_\_never \_\_\_have learned

Reflection: \_\_\_no major issues \_\_\_would like to explore \_\_\_resolving issues is a priority



## Diet Specifics

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diet Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Enjoyment Foods

Meats: \_\_\_\_\_

\_\_\_\_\_

Fruits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beverages: \_\_\_\_\_

\_\_\_\_\_

Dairy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vegetables: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legumes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grains: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Privacy Policy and Consent

Beginning January 1, 2004 the Canadian Federal Government's privacy legislation, the Personal Information Protection and Electronic Documents Act (the Act), came into force for private businesses. The Carp Ridge Healing House is committed to protecting your personal information in accordance with this Act.

In general, the Act requires that the Carp Ridge Healing House obtain your consent before obtaining or using information about you or disclosing this information to others (there are some exceptions). This requirement also applies to personal information that has already been collected about you before January 1, 2004. This notice explains why the Carp Ridge Healing House collects personal information from you, how it will be used and the steps being taken to ensure your privacy is protected.

### *What is personal information?*

Personal information is information that identifies you as an individual. It includes information such as your name, address, telephone number, e-mail address, date of birth, medical history and medical records.

### *What happens to my personal information?*

All information collected at the Carp Ridge Healing House remains in this facility. Files are placed in a locked room and can only be accessed by Healing House staff. From time to time case histories are discussed between staff and practitioners at the Carp Ridge EcoWellness Centre in an effort to provide the best possible course of action for our guests.

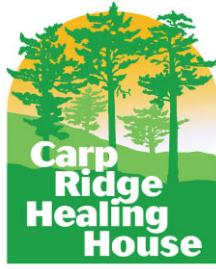
Staff sign a "Confidentiality Agreement" upon employment. Staff may not discuss information outside of the Carp Ridge Healing House or Carp Ridge EcoWellness Centre. All information contained in your files, including telephone conversations and correspondence, are privileged information and cannot be released, copied or discussed without your prior consent.

I have read this notice and understand its contents.

I, \_\_\_\_\_, the undersigned do hereby acknowledge that I have read and understand the above Privacy Policy and Consent of the Carp Ridge Healing House.

Guest's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: (optional, to receive Carp Ridge EcoWellness Centre monthly newsletter)

\_\_\_\_\_

Length of Stay: Anticipated Arrival \_\_\_\_\_ Departure \_\_\_\_\_

Will an attendant or family member stay with you for all or part of your stay? Yes \_\_\_\_\_ No \_\_\_\_\_

When and for how long: \_\_\_\_\_

Check the reason for your Healing House stay:

\_\_\_\_\_ Rest & Rejuvenation    \_\_\_\_\_ Illness    \_\_\_\_\_ Mental Health    \_\_\_\_\_ Respite Care

\_\_\_\_\_ Long-term disability    \_\_\_\_\_ Convalesce from Surgery    \_\_\_\_\_ Palliative Care

Which Health House package are you interested in? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

A deposit equal to 50% is required with all reservations. Deposits are refundable (less a \$25 administration fee) if notification is received 14 days or more prior to arrival. The remainder is due upon arrival.

Cancellation Policy: Cancellations received with less than 14 days notice will result in the forfeiture of the deposit.

Deposit Amount \$ \_\_\_\_\_ if by cheque, payable to "Carp Ridge Healing House"

Credit Card: VISA \_\_\_\_\_ Mastercard \_\_\_\_\_ Card # \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_