

Thank you for your interest in Christie Gardens. To ensure our conversations are meaningful and well-matched, we ask that all those interested in joining our community complete this form. This information will help us to better understand your needs, timing, and overall fit for Independent Living at Christie Gardens.

Our community is a true continuum of care, offering additional services and supports as health needs change. However, we do not admit new members of the community directly to Assisted Living where we provide supports for everyday living, nor to our Courtyard Community which offers 24-hour care.

Submission of this Interest Form does not guarantee addition to a waitlist, availability, or admission. The information provided will be reviewed by our Marketing Department who will then reach out to you directly. This is not an application.

## HOW TO COMPLETE THE FORM:

**On your computer:**

Save the file to your computer; complete the form using Adobe Acrobat (get the free Adobe Acrobat Reader from <https://get.adobe.com/reader/>); save frequently; when you are done, email the completed form to <interestform@christiegardens.org>.

**By hand:**

Print the file; complete the form by hand, adding additional pages as necessary; mail the completed form to: ATTN: Marketing, Christie Gardens, 600 Melita Crescent, Toronto, ON M6G 3Z4

## A

## ABOUT YOU

Last Name

First Name

Title

Preferred Name

Date of Birth (dd/mm/yyyy)

Marital Status

Current Address

City

Province

Postal Code

Country

Primary Phone Number

Alternate Phone Number

Email Address



## ABOUT YOU (more)



We'd love to get to know you. Please share a few words about yourself — your interests, daily routines, and what you're hoping to find at Christie Gardens.

**How did you find out about Christie Gardens?**

**B****ACCOMMODATION PREFERENCES**

What is your preferred suite type?

Rental

Life Lease

No preference

**C****CURRENT LIVING SITUATION AND TIMING**

Current Living Arrangement

House

Condominium

Apartment

What is your preferred timing for your move?

Immediate

3 to 6 months

6 to 12 months

1 to 2 years

more than 2 years

What are your reasons for considering a move?

**D****FINANCIAL OVERVIEW**

What is your annual income?

under \$50,000

\$50,000 to \$100,000

over \$100,000

What is your approximate monthly budget for housing and services?

# GENERAL HEALTH AND DAILY ACTIVITIES

Do you have any concerns about your physical health?

Yes                      No

If yes, please describe briefly any diagnoses or concerns

Do you have any current concerns with your memory or cognition?

Yes                      No

If yes, please describe briefly any diagnoses or concerns (i.e. mild cognitive impairment, dementia, etc.)

Do you have recent cognitive screening scores?

Yes                      No

MMSE Score

Date (dd/mm/yyyy)

MoCA Score

Date (dd/mm/yyyy)

 /30 /30

Have you had any hospitalizations or emergency room visits in the past 12 months?

Yes                      No

If yes, please describe briefly



## GENERAL HEALTH (more)



Have you experienced any falls in the past 12 months?

Yes

No

If yes, please describe briefly

Do you use a mobility device (i.e. cane, walker, wheelchair, etc.)?

Yes

No

If yes, please describe briefly

Do you currently require assistance with activities of daily living (i.e. dressing, bathing, meal preparation, finances, etc.)?

Yes

No

If yes, please describe briefly



## ADDITIONAL INFORMATION



Is there anything else you would like us to know?



## ACKNOWLEDGMENT

I understand that the information I have provided above is private and confidential and will not be shared beyond Christie Gardens staff. I understand that completing this form does not guarantee availability or admission.

Your Full Name

Date (dd/mm/yyyy)