

Caregiver Form

To be completed by the patient and the caregiver who is responsible for the patient.

Caregiver information

Caregiver's first name

Caregiver's last name

Date of birth
(mm/dd/yyyy)

Male
 Female

Relationship to patient

Primary phone

Secondary phone

Email (required for online shopping with Shoppers Drug Mart)

Caregiver acknowledgment and confirmation

I, _____, am the caregiver responsible for _____
(print caregiver name) (print patient name)

_____ Signature of caregiver	_____ Date (mm/dd/yyyy)
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**THIS APPLICATION IS NOT COMPLETE UNTIL THE PATIENT CONSENT FORM
IS SIGNED BY THE PATIENT (AND CAREGIVER IF APPLICABLE)**