



# Intake Form

The survey will take approximately 6 minutes to complete.

For all Military & First Responders who are requesting to utilize the services offered by us and our partners

**\*All information gathered is strictly confidential and is not shared without your written consent\***

As soon as the form is submitted, one of our peer support Facilitators will contact you as soon as possible.

1. Full Name

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2. Date

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3. Address

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4. Phone number (cell)

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5. Email Address

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6. Please indicate the following (Yes/No): I work/ worked for

- Police\_\_\_\_\_
- RCMP\_\_\_\_\_
- Military\_\_\_\_\_
- Firefighter\_\_\_\_\_
- EMS\_\_\_\_\_
- Corrections\_\_\_\_\_
- Peace Officer/ Sheriff\_\_\_\_\_

7. Please provide service number / regimental number

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8. Service start/ End date with postings (If multiple service, please complete all)

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9. Are you impacted by, or have been diagnosed with OSI/PTSD?

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10. How did you hear about Wayfinders Wellness?

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11. If referred, who referred you?

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12. What are you hoping to gain from Wayfinders Wellness?

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**Please Submit via email to Stephanie Deglow,  
Administration, Wayfinders Wellness Society at [sdeglow@yahoo.com](mailto:sdeglow@yahoo.com)**