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| **ID-ASD-PD**  **CENTRALIZED ACCESS DESK**  **HEARING IMPAIRMENT**  **QSL CLIENTELE** |  |

**Return the form to the ID-ASD-PD Centralized Access Desk**

By mail: 1180, boul. Manseau, Joliette (Québec) J6E 3G8

By fax: 450-756-2898

By email: [guichet.ditsadp.cissslan@ssss.gouv.qc.ca](mailto:guichet.ditsadp.cissslan@ssss.gouv.qc.ca)

For information: 1-877-322-2898

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IDENTIFICATION OF THE CLIENT** | | | | | | | | | |
| **LAST NAME:** | | | | **FIRST NAME:** | | | | | |
| **Date of birth:** | | | | **Gender: F**  **M** | | | | | |
| **Health insurance number:** | | | | | **Expiry:** | | | | |
| **Address:** |  | | | | | | | **Apt.#:** | |
|  | City: | | | | | | | | Postal code: |
| **Telephone:** | Home: | | Cell: | | | Work:       Ext.: | | | |
| **Email:** |  | | | | | | | | |
| **Deaf:** | YESNO | | | | | | | | |
| **Mode of communication**: QSL ASL  English  Other language  Specify: | | | | | | | | | |
| **Reason for the application:** | | Communication  Psychological support  Work  Family  New technical aid  Audiogram | | | | | | | |
| **Others/Specify:** | |  | | | | | | | |
| **I prefer to be reached by:** | | BRS (Bell Relay service)  FAX   Email  Telephone  Text message | | | | | | | |
|  | | | | | | | | | |
| **Signature:** |  | | | | | | Date: | | |

* Submit copies of all documents that could be useful even if they are less recent.

E.g.: audiogram, ENT certificate, reports

DSC//ServSpec/Sécurité/ConseillerClinique/AEO/administratif/formulaires/Déficience auditive-Clientèle LSQ-2021-03