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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

For information: 1-877-322-2898

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| --- |
| **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:** | YES[ ] NO[ ]  |
| **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