NOVA SCOTIA
Department of Health and Wellness

Self Managed Care Orientation Form

Continuing Care 1-800-225-7225 toll free across Nova Scotia 8:30 a.m. to 4:30 p.m., 7 days a week

Reset | Print

To Be Completed By Continuing Care Coordinator

Client / Applicant Name:	NS Health Card Number:
Identified Orientation Learning Needs: ☐ Auditory Aids ☐ Interpreter ☐ Visual Aids ☐ Large Print ☐ Wheelchair Accessible	Please Indicate District: (select from drop-down menu)
Continuing Care Coordinator's Signature	Date:

To Be Completed By Self Managed Care - Continuing Care Coordinator

SMC - Continuing Care Coordinator's Name:	Contact Number(s):
Scheduled Orientation Date:	Date Applicant Notified:
Date Orientation Completed:	
Self Managed Care Application Form Provided to Client Following Completion of Orientation? ◯ YES ◯ NO Number of Participants Attending Orientation: Numeric Field	
Name of Care Manager (if applicable): Did Care Manager Attend (if applicable): ◯ YES ◯ NO	