



Health Care Services Treatment Information Form

The following **Use - Related Complete Application Requirement List** is only applicable when it is listed on a **Development Permit Complete Application Requirement List**. This information is necessary to evaluate and provide a timely decision on your application. Please ensure all **items** are provided on all sets of required plans.

Only applications that are complete will be accepted. Applications and materials submitted must be clear, legible and precise.

The Development Authority may require additional material considered necessary to properly evaluate the proposed development (as stated in Part 2 section 26(3) of the Land Use Bylaw 1P2007). All terms of reference are based on the defined terms in the Land Use Bylaw 1P2007.

| SECTION 1: Business Information | |
|---------------------------------|-------------------------|
| Business Address: | |
| Contact Name: | Contact Title/Position: |
| Contact Phone: | Contact Email: |

| SECTION 2: Questionnaire | | |
|---------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Are any of the following services provided to the general public: | | |
| Preventative, diagnostic, therapeutic or rehabilitate services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overnight accommodations available to patients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Treatment, advice or guidance for emotional, psychological or life management issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a meeting room/auditorium available for the above listed programs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health and/or education programs and services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bodily samples are taken from the public for the purpose of testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Servicing and/or fitting of prosthetics, dental aids or medical devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Imaging technology, for the purpose of medical assessment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a kitchen or eating area provided for the use by the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| SECTION 3: Additional Information |
|--------------------------------------------|
| Please provide any additional information: |

Applicant's Signature

(Confirming that all required information has been provided and is correct)

Date (YYYY-MM-DD)

FOIP DISCLAIMER: The personal information on this form is being collected under the authority of The Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c). It will be used to provide operating programs, account services and to process payments received for said services. It may also be used to conduct ongoing evaluations of services received from Planning & Development Please send inquiries by mail to the FOIP Program Administrator, Planning & Development, PO Box 2100, Station M, Calgary, AB T2P 2M5 or contact us by phone at 311.