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DT9095

QUESTIONNAIRE FOR PRE-ADMISSION

User's name		Given names		
Address (No., street, municipality, country)				Postal code
Previous address (in case of change in the last three months)				Date of change Year Month Day
Telephone Office	Home	Nationality		Birth date Year Month Day
Birth place		Sex M ☐ F ☐	Status ☐ Single ☐ Married ☐ Others	

Employer's name	Address			Area code Telephone
User's occupation	Insurance ☐ yes ☐ no	If "yes", name of company		
Certificat No.	Contract No.	Group No.	Health Insurance No.	Father's name and given names
Husband's name and given names		Father's or husband's employer		
Spouse's maiden name		Mother's maiden name		

Accomodation requested ☐ Ward ☐ Semi-private ☐ Private

In cas of semi-private, room, patient or his guarantor will be required to pay a daily additional charge. This additional charge is established by the ministère de la Santé et des Services sociaux.

In emergency notify Home ☐ yes ☐ no If "no" indicate

Name	Relationship	
Address		Area code Telephone

Has the person for whom the admission is requested, ever been hospitalized? ☐ yes ☐ no Medical record

If "yes", where, when and why?

Year Month Day

Date

Signature of patient or guarantor