



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 <input type="checkbox"/> F <input type="checkbox"/>	Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others

Employer's name		Address		Area code	Telephone
User's occupation		Insurance <input type="checkbox"/> yes <input type="checkbox"/> 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		

Accommodation 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?

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Year      Month      Day

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of patient or guarantor