



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?

Year Month Day

Date

Signature of patient or guarantor