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| **Formulaire d’identification des clients lors des sorties** |

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| Client Identification: |
| First Name: Last name: |
| DOB(y/m/d): |
| Health care number: Version code: |
| Address:  |   |
| Phone number: |  |
| Primary Language: |
| French [ ]  English[ ]  |
| Advance care Directives: DNR[ ]  |
| Health problems: |
| Asthma[ ]  | Diabetes[ ]  |
| Dementia[ ]  | Alzheimer[ ]  |
| Other: |
| Drugs Allergies: Yes [ ]  No[ ]  |
| Penicillin[ ]  |
| Codeine[ ]  |
| Other: |
| Food allergies: |
| Visual impairment [ ]  |
| Hearing Impairment/Aid [ ]  |
| Mobility Issues [ ]  Wheel chair[ ]  Cane[ ]  Walker[ ]  |
| Pharmacy: |
| Emergency Contact: |
| CAH (Agency) contact: 647 466 2459 647 321 0107 |
| Family doctor: |