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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: | |