

NOTICE OF ADMISSION

NAME OF FACILITY Ontario Hospital School CASE BOOK NO. [REDACTED]
ADDRESS Orillia, Ontario SOCIAL INSURANCE NO. _____

1. NAME OF PATIENT IN FULL _____
(SURNAME) (CHRISTIAN NAMES)

2. RESIDENCE Metro Toronto Children's Aid Society, 33 Charles St. E.
(STREET AND NUMBER, OR LOT AND CONCESSION)
M.T. Toronto
(MUNICIPALITY) (COUNTY OR DISTRICT)

3. LENGTH OF RESIDENCE IN THIS MUNICIPALITY: _____ THIS PROVINCE: Life

4. DATE OF ADMISSION: Dec. 3, 1973

5. FIRST OR SECOND ADMISSION, ETC., TO ANY FACILITY WITHIN THE SYSTEM: First

6. NAMES OF FACILITIES TO WHICH PREVIOUSLY ADMITTED AND DATES OF ADMISSIONS: _____

7. DATE OF BIRTH [REDACTED] 1961 8. SEX Male 9. MARITAL STATUS Single

10. PLACE OF BIRTH Toronto, Ontario 11. CITIZENSHIP Canadian

12. IF MARRIED, GIVE THE NAME AND ADDRESS OF HUSBAND OR WIFE: _____

13. IF SINGLE, GIVE THE NAME AND ADDRESS OF PARENT OR RESPONSIBLE RELATIVE AND STATE RELATIONSHIP:
G.A.S., 33 Charles St. E., Toronto, Ontario

14. DOCUMENTATION: Informal

15. GIVE THE PATIENT'S:
A) OHSC NUMBER [REDACTED] CODE _____ NAME ON CERTIFICATE _____ RELATIONSHIP _____
GROUP _____
B) OMSIP NUMBER _____ NAME ON CERTIFICATE _____ RELATIONSHIP _____
C) IF OTHER MEDICAL INSURANCE PLAN STATE NAME OF COMPANY AND CONTRACT NUMBER: _____
D) OLD AGE SECURITY NUMBER _____
E) OTHER PENSIONS AND NUMBERS: _____

16. OCCUPATION: _____

17. IF EMPLOYED, GIVE THE NAME AND ADDRESS OF EMPLOYER: _____

SIGNATURE: (Miss) [REDACTED]

DATE: Dec. 7, 1973 POSITION: Filing Clerk

TWO COPIES OF 100A ARE TO BE COMPLETED AS SOON AS THE PATIENT IS ADMITTED. THE ORIGINAL IS TO BE FILED IN THE MEDICAL CORRESPONDENCE SECTION OF THE PATIENT'S CASE BOOK. THE COPY IS TO BE SENT TO THE BUSINESS OFFICE AND FORWARDED TO THE PUBLIC TRUSTEE ONLY IF REQUIRED AND WITH THE NECESSARY M.H.A. FORMS.