

ADMISSION DATA

ONTARIO HOSPITAL SCHOOL, ORILLIA

You have applied to this hospital for the admission of the resident indicated below. Before a resident can be admitted, the following information must be provided as it is essential for our admission procedures.

Please return immediately to CENTRAL RECORDS-ONTARIO HOSPITAL SCHOOL, ORILLIA

NAME [REDACTED] M
Surname First Middle Maiden Sex

Address 2749 KINGSWAY DRIVE, KITCHENER WATERLOO
Number and Street City, Town Township County

Telephone 743-1478 Length of Residence in this Country FROM BIRTH

OHSC# [REDACTED] PENSION (Type) — Number —

OHSIP# [REDACTED] Insuring Agency — Group # —

Subscriber's Name Children's Aid Society Metro Toronto Other Insurance —

Birth Date [REDACTED] 961 Birth Place TORONTO Racial Origin CANADIAN

Citizenship CANADIAN Date and Means of Entry, if not Canadian —

Date Canadian Citizenship obtained if applicable — Religion PROTESTANT

Social Insurance Number — Marital Status SINGLE

Previous Admissions to Ontario Hospital School, Orillia Yes — No X

Any other Hospitalizations —

Re-Government Operated Hospitals — Occupation — Education —
Grade

Name of Hospitals — Date Last Worked —

— Employer —

Admission and Discharge Dates if Known — Address —

— Father's Name (See next of kin)
Surname First Given

Next of Kin CHILDREN'S AID SOCIETY Birth Place —
Town Country

Relationship to patient — Mother's Name —

Telephone WA-44646 Surname First Given

Address 32 CHARLES ST. E. TORONTO Mother's Maiden Name —
Birth Place — Town Country

Correspondent — Family Physician Dr. [REDACTED]

Relationship to patient — Telephone [REDACTED]

Telephone — Address [REDACTED], KITCHENER

Address — Legal Guardian —
 if other than Parents (see next of kin)

Sunbeam Home, 2749 Kingsway Dr. KITCHENER, ONT.
Name Address Telephone

Name and Address of Person Completing this Form: — Date —