

ORIGINAL FILE

ORTILIA SOLDIERS' MEMORIAL HOSPITAL
PRE-REGISTRATION

Date of Admission Jan. 19/78 Attending Physician Dr. [REDACTED]

Time of Admission Noon for Dr. [REDACTED]

PLEASE PRINT |

Complete in detail requested and return to Hospital within three days.

Patient's Surname [REDACTED]		Christian (or given) names [REDACTED]			Maiden name	
Street Address Huronia Regional Centre			City, Town, Village Box 1000, Orillia	Township Ont.	County Simcoe	
Age 15	Sex M	Single x Married Widow (or) Divorced Separated	Birth Place Toronto	Religious Denomination Protestant	Phone Number	
In emergency notify Huronia Regional Centre, Orillia		Address	Relationship		Phone Number Mrs. [REDACTED] 326-7361 Ext. 382/383	
Name of person responsible for payment of accounts		Relationship to patient		Patient's Occupation	Employer's Address	

Has the patient ever been admitted to this Hospital before No Yes
 Has the patient had a chest x-ray in the last year Yes No When

Who is responsible for basic standard ward payment (1) OHSC (2) Other

(1) Ontario Hospital Insurance Number [REDACTED]	(1) Do you pay your insurance through your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, name of employer
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Exactly as shown on OHSC certificate Surname [REDACTED]	Initials [REDACTED]	Please indicate patient's birth date Sept. 8/61
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Patient's relationship to Ontario Hospital Insurance Certificate holder.

(2) OTHER Please give complete details of this other basic ward coverage or payment arrangement you wish to make.

Accommodation Requested	Ward <input type="checkbox"/>	Semi <input type="checkbox"/>	Private <input type="checkbox"/>	Please provide complete details of any semi-private insurance coverage you may have.
Additional Charge per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Insurance Company	Contract and Group Number	Name and address of Group	Amount your insurance pays per day	

I agree to assume responsibility for charges not covered by OHSC or other agency.

Signature of Patient or Guarantor