

**MUHC ADMITTING AND REGISTRATION SERVICES**

**FAX TO: 9 (514) 398-6541**

NEW CARD

DEMOGRAPHIC UPDATE FORM

MGH CARD: \_\_\_\_\_

PATIENT'S LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MEDICARE NUMBER: \_\_\_\_\_ EXPIRY: \_\_\_\_\_  
(Quebec Medicare or other Canadian Medicare)

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ NUMBER: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**REQUESTED BY: DEPARTMENT OF PSYCHOLOGY**

\_\_\_\_\_  
(Name of Psychologist, Therapist, Secretary etc)

**CARD Y N**

Telephone: (514 ) \_\_\_\_\_

Local: \_\_\_\_\_

Fax: (514 ) 843-1321

F/U appointment date: \_\_\_\_\_