



Allan Blair Cancer Centre

Manual Admission of New Patient

****Please return form to ABCC Admitting Office****

Patient Information:			
Last Name		Address	
First Name		City	
Middle Name		Postal Code	
Date of Birth		Home Tel #	
Email		Cell #	
		Work #	

Do you have a message machine? Yes _____ No _____
May we leave a message? Yes _____ No _____

Patient IDs:	
Health Card #	

Demographics:	
Marital Status	
Occupation	
Birth Place (Country/Province)	

First Contact:	
Name	
Phone #	
Relationship	City:

Other Contact:	
Name	
Phone #	
Relationship	City:

Providers:	
Family Doctor	

Pharmacy of choice (meaning which pharmacy do you go to):	
Location of Pharmacy (street if in a city or town if rural)	