



WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

76 Grenville Street, Toronto, ON M5S 1B2

Mohs Micrographic Surgery Skin Centre Patient Health Questionnaire

PATIENT IDENTIFICATION

Date: / /
DD / MM / YYYY

Please review your information above, and write any corrections on the lines provided.

Name: _____ Date of Birth: / /
DD / MM / YYYY

Address: _____

Home Telephone: _____ Cell: _____

Health Care Number: _____ Version Code: _____

Emergency contact: _____ Relationship to patient: _____

Telephone: (H) _____ (B) _____

Family Doctor: _____ Fax No: _____

1. Do you have or have you ever had any of the following conditions?

	<u>Yes</u>	<u>No</u>	
Known allergies to medications			
Known allergies to Latex / Band-Aids / Medical products			
Other known allergies			
Reaction to local anesthetic			
Bleeding or Healing problems			
Pacemaker / Heart valve problem			
Artificial body part or joint			Date of surgery <u> </u> / <u> </u> / <u> </u> DD / MM / YYYY
Organ transplant			
Diabetes			
High blood pressure			
Cancer (other than skin cancer)			
Previous radiation therapy			Body area: _____
Epilepsy / seizures			
Jaundice / liver problems			
Lung or breathing problems			
Any other health problem			
Prosthesis/Hearing Aid			

