

Marillac Place
109 Young Street, Kitchener, Ontario, N2H 4Z2
Telephone: (519) 571-0722 Fax: (519) 571-0476

PHYSICIAN'S REPORT

Completed report is necessary for admission to Marillac Place.

NAME OF PATIENT: _____ Date of Birth: _____

INVESTIGATIONS: Date of LMP _____

Result of Pregnancy Test: Positive _____ Negative _____ Due Date: _____

ALLERGIES:

Allergies to medication: _____

Other allergies: _____

Procedure to follow if patient has an allergic reaction: _____

MEDICATION:

Any current medication patient is taking: _____

MEDICAL HISTORY:

Family history and genetic disease:

GENERAL HEALTH:

General examination and history:

Free from communicable diseases (please include lice and scabies): _____

Any physical limitations with patient (that would prevent her from participating in light household chores, recreational activities, exercise, etc.):

NAME OF PHYSICIAN: _____

Date: _____ Signature: _____

Address: _____