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## PATIENT DEMOGRAPHIC INFORMATION FORM

Study: \_\_\_\_\_

Check as applicable:

Initial Consent

Continuing Consent (i.e., Participant has turned 18 years of age while in the study, or now has the capacity to consent for him/herself to continue in the study [as applicable, and in accordance with governing regulations])

*[attach a copy of the signed and dated consent form (and authorization, as applicable); otherwise explain]*

### CONTACT INFORMATION

Participating institutions may complete this form and submit it to the CHSS Data Center OR provide an admission slip with the required fields below.

Patient's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  Work  Mobile

Alternate Contact Person: \_\_\_\_\_ Relationship to Parent: \_\_\_\_\_

Alternate Contact Phone Number: \_\_\_\_\_

### PATIENT INFORMATION

MRN: \_\_\_\_\_ Institution Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

Birth Weight: \_\_\_\_\_ Birth Height: \_\_\_\_\_

Gender:  Male  Female Race: \_\_\_\_\_ Language: \_\_\_\_\_

### DIAGNOSIS INFORMATION

Date of First Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Preliminary Diagnosis: \_\_\_\_\_

Diagnosis Date: \_\_\_\_\_

Operation: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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