Dr. F. Gigi Osler*, BSc Med, FRCSC
Otolaryngology – Head & Neck Surgery
601 – 400 Taché Avenue, Winnipeg, MB R2H 3C3
Phone: (204) 233 – 6552 Fax: (204) 233 – 7114
www.drgigiosler.com

*Denotes Medical Corporation

Patient Demographic Information

Today's Date: _____

Name: _____ Birthdate: ____ / ____ / _____
Please Print **dd mm yyyy**

Full Address: _____

_____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact's Phone(s): (_____) _____

(_____) _____

Your Family Physician: _____

Family Physician's Phone: (_____) _____ (if known)

In the event radiological testing is ordered, we are required to provide the following information to the Diagnostic Imaging Department:

Weight: _____ (lbs / kg) Height: _____ (ft/in / cm)

Allergy to X-ray dye? _____ Yes _____ No _____ Don't know

Please list all known allergies.

_____

_____

_____

_____

(FEMALES) Are you or could you be pregnant? ____ Are you nursing? _____

Check Only Those That Apply: (if you don't know what it is, you probably don't have it)

___ Kidney Disease
___ Diabetes
___ Collagen Vascular Disease
___ Myeloma
___ Age 65+ years
___ Sleep Apnea
___ Chronic chest infections
___ Claustrophobic, requires sedation
___ Metal in eyes
___ Eye surgery
___ on Haemodialysis
___ on peritoneal dialysis
___ Heart Valves
___ Aneurysm surgery or clips
___ Gastroesophageal Reflux
___ Abnormal Airway
___ Neuromuscular Problems
___ Cannot lie flat for 30 minutes
___ Pacemaker
___ Receiving Metformin, Interleukin
___ NSAIDS (blood thinning agents like Anacin, ASA, Ibuprofen, Advil, Motrin, Naproxen)
___ Implanted devices – stimulators, shunts, electrodes, pumps, inner ear implants, Strata valves etc., other (please list) _____
_____

Other than what you are being seen for today, is there anything else we should know about you or your current health condition?

_____
_____
_____
_____
_____

Please let us know what (if any) medications you are currently taking.

_____
_____
_____
_____
_____

Thank you!