

My Life Capsule Client Information Form

Name: _____ Date of Birth (dd/mmm/yy) _____

Saskatchewan Health Services Number # _____

Insurance Provider and Number: _____

Your Mailing Address: Number/Street/Apt. Number _____

City/Town/Land location _____

Postal Code: _____ Contact Phone Number: _____

Emergency Contact Persons:

Name: _____ Relationship: _____ Contact Phone: _____

Name: _____ Relationship: _____ Contact Phone: _____

Past Medical History:

Prescription Medications (Dosage and Frequency):

Allergies:

Location of Advanced Care Directive (Living Will):

Do you wish to be an organ donor? Yes _____ No _____

For additional forms or assistance, call Emergency Medical Services at (306) 766-6250 or visit www.rqhealth.ca

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