



DATE OF BIRTH

FULL NAME or RAMQ card

NATIVE LANGUAGE:

CONTACT

Address

City

Postal code

Pharmacy's address

Phone number & fax

PHONE NUMBERS | Please, check the numbers where we can contact you if necessary.

Home

Work

Cellphone

Other (specify)

IN CASE OF POSITIVE STI RESULTS (SEXUALLY TRANSMITTED INFECTION)

FIRST CHOICE

Phone number

Email address

SSECOND CHOICE

Phone number

Email address

PERSON TO CONTACT IN CASE OF EMERGENCY

Name

Relationship

Phone number

REFERENCE

Indicate how you heard about the Centre de Santé des Femmes de Montréal: