

LAMP OCCUPATIONAL HEALTH PROGRAM
CLIENT INFORMATION FORM

THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED OR RELEASED WITHOUT YOUR CONSENT.

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Health Card Number: _____ Version: _____ Date of Birth: _____ / _____ / _____
day month year



Address: _____ Apt# _____ City: _____
Postal _____

Telephone: Home _____ Work _____ Cell _____ Fax _____

E-mail Address: _____

Family Doctor: _____

Address: _____

City: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Specialist: _____

Address: _____

City: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

OCCUPATIONAL HEALTH CONCERN(S)

What is your occupational health problem? _____

If you have any other occupational health problems, please write them down:

Are you currently working full-time _____ part-time _____ not working _____ laid off _____ unemployed _____ retired _____

Are you applying for or receiving any of the following:

	Applying	Receiving	Appealing Decision
Workers' Safety & Insurance Board Benefits Claim # _____			
Short-Term Disability			
Long-Term Disability			
Canada Pension Disability Benefits			
Employment Insurance			
Other: _____			

If you have stayed overnight in hospital, please write down the reason(s): _____

If you have health problems, other than mentioned above, please write them here: _____

Is there a family history of similar health problems? _____

Please list any medications you currently take: _____

Current, or most recent employer:

Company Name: _____ Location: _____

Your position: _____ Date Started: _____

Please describe, in detail, what you do in your job: _____

What is the main product or service of your workplace? _____

If you work with chemicals, please write down what you work with, how often you work with them and for how long:

Chemical Name	# times used in one day	length of time used

We ask that you bring copies of MSDS's (Material Safety Data Sheets) with you to your appointment.

If you belong to a union, please write down the name, local and contact person.

How many people work at your workplace?: _____

Previous employer(s):

1. Company Name: _____ Location: _____

Your position: _____ Start Date: _____ End Date: _____

What is the main product or service of this workplace? _____

How many people work at this workplace?: _____

Please describe, in detail, what you did in your job: _____

If you worked with chemicals, please write down what you worked with, how often you worked with them and for how long:

Chemical Name	# times used in one day	length of time used

If you belonged to a union, please write down the name, local and contact person.

2. Company Name: _____ Location: _____

Your position: _____ Start Date: _____ End Date: _____

What is the main product or service of this workplace? _____

How many people work at this workplace?: _____

Please describe, in detail, what you did in your job: _____

If you worked with chemicals, please write down what you worked with, how often you worked with them and for how long:

Chemical Name	# times used in one day	length of time used
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If you belonged to a union, please write down the name, local and contact person.

3. Company Name: _____ Location: _____

Your position: _____ Start Date: _____ End Date: _____

What is the main product or service of this workplace? _____

How many people work at this workplace?: _____

Please describe, in detail, what you did in your job: _____

If you worked with chemicals, please write down what you worked with, how often you worked with them and for how long:

Chemical Name	# times used in one day	length of time used
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If you belonged to a union, please write down the name, local and contact person.

Please continue on a blank sheet of paper if you require more room.

The following socio-demographic information is required for Ministry of Health purposes:

Household Composition (circle all that apply)

- 1 mother, father, child(ren)
- 2 couple without children
- 3 sole member
- 4 grandparent(s) with
- 5 extended family housemates
- 6 unrelated grandchild(ren)
- 7 siblings (brothers/sisters)
- 8 single parent family (mother head)
- 9 single parent family (father head)
- 10 other (specify) _____
- 11 don't know
- 12 don't want to answer

Combined Annual Household Income (from all sources):

- 1 0 - \$14,999
- 2 \$15,000 - \$19,999
- 3 \$20,000 - \$24,999
- 4 \$25,000 - \$29,999
- 5 \$30,000 - \$34,999
- 6 \$35,000 - \$39,999
- 7 \$40,000 - \$59,000
- 8 greater than \$60,000
- 9 don't know
- 10 don't want to answer

Number of people supported by this income: _____

Highest Education Level Attained (circle one only)

- 1 primary or equivalent (grades 1-8)
- 2 secondary or equivalent (grades 9-12)

3 post secondary or equivalent (university/community college/trade school/apprenticeship)

4 too young for primary completion 5 no formal education

6 other (specify) _____ 7 don't know

8 don't want to answer

Country of Origin:

Primary Language: _____ Secondary Language: _____

Country of Origin: _____ Cultural Affiliation: _____

Year Arrived in Canada: _____