Service aux laryngectomisés,
Programme d'aide à la communication
Hôtel-Dieu de Québec
11 Côte du Palais, room 1565
Québec City, QC G1R 2J6
Tel.: 418 691-5095
Fax: 418 691-5377

Service aux laryngectomisés,
Programme d'aide à la communication
CHUM
Pavillon C, 9e étage
1000, rue Saint-Denis
Montréal QC H2X 0C1
Tel. : 514 890-8236
Fax : 514 412-7899

REGISTRATION FORM

PATIENT'S IDENTIFICATION

Name: _____

Date of birth: (DD/MM/YYYY): _____

RAMQ no.: _____ Expiry date (MM/YY): _____

Address: _____

Language spoken: _____

Home telephone: _____

Work telephone: _____

MEDICAL INFORMATION	SPEECH PROBLEM
Diagnosis:	☐ Aphonia
Head and neck cancer yes ☐ no ☐	☐ Dysphonia
Surgery (including tracheotomy) yes ☐ no ☐	☐ Articulation disorder
Type:	☐ Resonance disorder
Date of surgery:	Another disability that could alter communication abilities:
Presence of tracheotomy: yes ☐ no ☐	
Reason for the tracheotomy:	
Surgeon:	Eligible for another program? yes ☐ no ☐
Hospital:	If yes, specify:

Referring professional (name and title): _____

Workplace: _____

Telephone: _____

Signature of the referring professional: _____

Date: _____

Updated May 2021