



NOVA SCOTIA DIVISION

Canadian Cancer Society
Société canadienne
du cancer

The Lodge That Gives

5826 South Street
Halifax, Nova Scotia B3H 1S6
Telephone: (902) 420-1849
Fax: (902) 492-9248

CHART # _____ REQUEST FOR ADMISSION

Institution providing assessment/treatment: _____ Phone: _____

Physician providing assessment/treatment: _____

Arrival Date: _____ **Departure Date:** _____

Person accompanying Patient: _____ Relationship: _____

PATIENT INFORMATION:

Family Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

County: _____ Province: _____ Postal Code: _____

Phone Numbers: 1. _____ 2. _____ 3. _____

E-mail: _____

Type of Cancer: _____

Is Patient: BMT ☐ ENT (Tube feeding) ☐ Child ☐

Comments: _____

Is Patient Registered with:

BTO ☐ Health Canada NIHB ☐ RCMP ☐ DVA ☐ Department of Community Services ☐

Other (specify) _____

Date of Birth: _____ Gender: F ☐ M ☐ Health Card # _ _ _ _ _
Day/ Month/ Year

I consent to have my personal information shared with the CCS in order to reserve a room at the Lodge That Gives.

Patient signature: _____

Referring Person: _____ **Phone:** _____

Questions About Cancer? Call our Cancer Information Service 1-888-939-3333