

COMMITTEESHIP QUESTIONNAIRE

I. THE PATIENT & FAMILY				
A. PATIENT				
Full legal name:				
Other names:				
Date of birth:	_____	Place of birth:	_____	
	(month / day / year)		(city)	(prov/state) (country)
S.I.N.:		Citizenship:		
Occupation:		Marital Status:		
Address:				
Physician 1 Name:			Telephone:	
Address:				
Physician 2 Name::			Telephone:	
Address:				
B. PATIENT'S SPOUSE / PARTNER If Not Applicable, Check Here: []				
Full legal name:				
Date of birth:	_____	Place of birth:	_____	
	(month / day / year)		(city)	(prov/state) (country)
Date of marriage or commencement of cohabitation	_____	Place of marriage:	_____	
	(month / day / year)		(city)	(prov/state) (country)
S.I.N.:		Citizenship:		
Occupation:		Telephone:		
Address:				
If separated, date of separation:	_____	Marriage agreements: YES / NO	If Yes, date: _____	_____
	(month / day / year)			(month / day / year)
If predeceased, date of death:	_____	Separation agreements: YES / NO	If Yes, date: _____	_____
	(month / day / year)			(month / day / year)

C. PATIENT'S CHILDREN					If Not Applicable, Check Here: []
	<i>First child</i>	<i>Second child</i>	<i>Third child</i>	<i>Fourth child</i>	
Full legal name:					
Date of birth:	<u> </u> (month / day / year)	<u> </u> (month / day / year)	<u> </u> (month / day / year)	<u> </u> (month / day / year)	
Occupation:					
Full Address:					
If deceased, give date of death:	<u> </u> (month / day / year)	<u> </u> (month / day / year)	<u> </u> (month / day / year)	<u> </u> (month / day / year)	
Guardianship or committee: YES / NO (Give details)					
D. PROVISIONS OF FAMILY LAW AGREEMENTS / ORDERS					If Not Applicable, Check Here: []
<i>[Give nature of provision, whether it is under an agreement or order, and the date of the agreement or order]</i>					
Maintenance:					
Support:					
Custody/access:					
Other:					
E. OTHER					If Not Applicable, Check Here: []
1. Is the patient the sole executor of any unadministered estates? YES / NO					
If yes, provide details: _____					

2. Has the patient granted a **power of attorney** to anyone? YES / NO

If yes, please provide a photocopy if available.

If no copy is available

Attorney: _____

Address: _____

Details: _____

Is the attorney now acting under the power of attorney? YES / NO

If Yes, approximate date attorney began acting: _____

3. Does the patient have a **will**? YES / NO

If yes, please provide a photocopy, including any codicils.

If no copy is available, please provide details, if known, including name(s) of executor(s), and beneficiaries.

Executor: _____

Address: _____

Beneficiary details: _____

4. Has the patient appointed a representative under a **representation agreement**? YES / NO

If yes, please provide a photocopy if available

If no copy is available

Representative: _____

Address: _____

Details: _____

Is the representative now acting under the Representation Agreement? YES / NO

If Yes, approximate date representative began acting: _____

F. NEXT-OF-KIN

	NO. 1	NO. 2	NO. 3
Name:			
Address:			
Telephone:			
Relationship to Patient:			
Citizenship:			
Occupation:			
Date of birth:	_____ (Month / Day / Year)	_____ (Month / Day / Year)	_____ (Month / Day / Year)
Date of death (if not living):	_____ (Month / Day / Year)	_____ (Month / Day / Year)	_____ (Month / Day / Year)
For minors: "Parent/guardian" "Address"			
a) Consent to be obtained?	a) YES / NO	a) YES / NO	a) YES / NO
b) Notice to be served?	b) YES / NO	b) YES / NO	b) YES / NO

<u>NOTES:</u> 		
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III. ASSETS

A. BANK ACCOUNTS, TERM DEPOSITS, ETC.

	1.	2.	3.
Name of financial institution:			
Full mailing address:			
Telephone number:			
Fax number, if known:			
Account or certificate number:			
Type of account (ie. savings)			
Name(s) in which account held:			
Current balance:	\$	\$	\$

B. INCOME

Old Age Pension:	YES / NO	Amount: \$	Month:
Canada Pension Plan:	YES / NO	Amount: \$	Month:
Other pensions:	YES / NO	Amount: \$	Month:
Other cheques:	YES / NO	Amount: \$	Month:

C. INSURANCE (LIFE OR ACCIDENT)		If Not Applicable: <i>Check Here</i> []	
	1.	2.	3.
Company name:			
Full Address:			
Type of insurance:			
Policy Number:			
Designated beneficiary (if none, put "payable to estate"):			
Designated in (policy/will):			
D. INSURANCE OWNED BY PATIENT ON LIVES OF OTHERS		If Not Applicable: <i>Check here</i> []	
	1.	2.	3.
Company name:			
Full Address:			
Type of insurance:			
Policy Number:			
Policy Owner:			
Date of policy:			
Designated beneficiary (if none, put "payable to estate"):			
Designated in (policy/will):			
E. SHARES		If Not Applicable: <i>Check here</i> []	
	1.	2.	3.
Company name:			
Number & type of shares:			

Certificate number:			
Registered owner:			
Market value:	\$	\$	\$
F. BONDS If Not Applicable: <i>Check Here</i> []			
	1.	2.	3.
Name of issuer:			
Issue or series:			
Certificate number:			
Registered number:			
Registered owner:			
Due date			
Face value	\$	\$	\$
Market value:	\$	\$	\$
G. RRSPS, RRIFs, ANNUITIES, PENSIONS, DEATH BENEFITS, ETC. (except CPP) If Not Applicable: <i>Check Here</i> []			
	1.	2.	3.
Name of company/institution:			
Address:			
Type of benefit:			
Benefit number:			
Owner:			
Designated beneficiary (if none, put "payable to estate"):			
Designated in (plan/will):			
Present value:	\$	\$	\$
Terms of payment:			
H. DEBTS DUE TO PATIENT If Not Applicable, <i>Check Here</i>: []			

	1.	2.	3.
Borrower:			
Lender (payee):			
Type of Debt:			
Original Amount:	\$	\$	\$
Date:			
Interest rate:			
Balance due:	\$	\$	\$

I. BUSINESS OWNERSHIP OR PARTNERSHIP				If Not Applicable, Check Here: []
	1.	2.	3.	
Name of business:				
Type of business:				
Nature of interest in business				
Address:				
Telephone/Fax:				
Value of business:	\$	\$	\$	
Value of assets of business:	\$	\$	\$	
Remarks:				
J. REAL PROPERTY				If Not Applicable, Check Here: []
FEE SIMPLE:				
Civic address:	1.	2.		
Legal description:				
Registered owner(s): Incl. joint tenants or tenants in common:				
Assessed value:				
Market Value:				
Mortgage Company				

Balance outstanding	\$	\$
K. MOTOR VEHICLES If Not Applicable, <i>Check Here:</i> []		
Type and model:	1.	2.
Make and year		
Licence number:		
Registration number:		
Registered owner(s): Is ownership joint?		
Market value:	\$	\$
<u>Loan:</u>		
Name of lender;	_____	_____

Address of lender:	_____	_____

Principal amount of loan:	_____	_____

Interest rate:	_____	_____

Interest due and paid:	_____	_____

Balance due (principal + interest):	_____	_____

Value (market value (balance due on loan):	_____	_____

M. HOUSEHOLD GOODS AND PERSONAL EFFECTS (Complete for any particularly valuable items, including furniture, art, and jewellery).			
Description:	Value:		
N. OTHER (Complete for any significant assets not listed previously, such as assignable particularly valuable items, including furniture, art, and jewellery).			
Description:	Value:		
V. DEBTS			
Creditor's name:	1.	2.	3.
Address:			
Item:			
Amount due:			
Date due:			
Insured?			
Creditor's name:	4.	5.	6.
Address:			
Item:			
Amount due:			
Date due:			

Insured?			
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