



L'atelier
My Tool Box

Program Registration



Centre universitaire de santé McGill
McGill University Health Centre

CONFIDENTIAL

Surname _____ First Name _____ Age ____ Date: _____

Address _____ Apt. _____ City _____ Postal Code _____

Email _____ Tel: _____ or _____

Language Preference (*please circle*): English / French / No preference (either language is okay)

Have you ever been seen by a health care professional at any of the McGill University Health Centre (MUHC) hospitals?
(i.e. the Montreal General, Royal Victoria, Montreal Neurological, Lachine, Chest Institute, or Montreal Children's Hospital)

(*please circle*) Yes / No

Where did you hear about the program? _____

Please list all your chronic conditions:

We offer **two different** 6-week programs. Please indicate your choice:

_____ Chronic Disease Self-Management Program (*for one or multiple chronic conditions, with or without pain*)

_____ Chronic Pain Self-Management Program (*for one or multiple chronic conditions, where chronic pain dominates daily experience*)

What do you expect to achieve/get out of this program?

Day or time preferred (The 2 ½ hour workshops are held once a week for six consecutive weeks).

Please rank your preferences in numerical order (i.e. 1, 2, 3).

<u>Preferred Day</u>	<u>Preferred Time</u>
_____ Tuesday	_____ Morning (e.g.; 10:00 – 12:30)
_____ Wednesday	_____ Afternoon (e.g.; 14:00 – 16:30)
_____ Thursday	_____ Evening (e.g.; 18:15 – 20:45)

Please forward your completed registration form to:

Fax: 514-934-4413 or e-mail: mytoolbox.mni@mcgill.ca

Questions: 514-934-1934, ext. 71585 Website: mytoolbox.mcgill.ca