

IGLOOLIK EXPERIMENTS QUESTIONNAIRE

Thank you for contacting us. Please fill out the questionnaire below.

If you need more room to answer any of the questions, please use the space at the end of the questionnaire.

**** This is a questionnaire that asks you to provide information about events which may cause or renew trauma. Please ensure that you have appropriate counselling and support in place before you start filling out the information. Pick a good time and a safe place to complete the questionnaire. There is no urgency. ****

You are welcome to fill this questionnaire out for someone who cannot speak for themselves and is not able to provide the information directly (recently deceased, babies, juveniles, mentally incapacitated, elderly).

Please return this form to:

Cooper Regel
77 Chippewa Road
Sherwood Park AB T8A 6J7

Or by email : info@CooperRegel.ca

or Fax: 780-570-8467

**If you have any questions, please call Mary Grzybowska or Steven Cooper
Toll Free: 1-800-994-7477**

QUESTIONNAIRE

NAME (First, Middle, Last):

OTHER NAMES :

by which you have been known

ADDRESS:

EMAIL:

TELEPHONE & CELL:

DATE OF BIRTH:

IF DECEASED, DATE OF DEATH:

WHERE WERE YOU BORN:

Status Non-Status Indian Métis Inuit None

PLEASE NOTE: At this time, WE ARE NOT RETAINED and you are not our client.
This information is collected for our database for information and contact purposes only.

1. What do you remember about the doctor's visit and the skin graft?

2. Other than the skin grafts, did the doctor do any other tests on you? If so, please explain:

Dated at _____, this _____ day of _____, 20__.

Signature

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