

Paul B. Helliwell Patient & Family Library Information Request Form

If you are looking for health information, please fill out this form and we will do a search for you. This is a free service.

Today's date: _____ Your name: _____

Please choose one of the following options:

I will come to **pick up** the information on (date) _____

Please **call** me when the information is ready. My phone number is _____

Please **e-mail** the information to me. My e-mail is _____

Please **mail** the information to my home address _____

Important information about email security:

Email messages are not guaranteed to be completely private. Email is easy to forge, forward, and may be saved for a long time. For these reasons, do not use email to send, receive or discuss information you think is too sensitive. Do not use email in case of emergency. If you give us your email address above, you agree to let us send your health information search results to you by email.

I agree. Sign here: _____

Please write your question below in your own words:

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Toronto Western Hospital, WW 1-419
399 Bathurst Street,
Toronto ON M5T 2S8

Phone: 416-603-6277
Email: twpfl@uhn.ca
Website: www.uhnpatienteducation.ca



Patient Education



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