



HOW DID YOU HEAR ABOUT US?

Doctor \_\_\_\_\_ Family/Friend \_\_\_\_\_ Drive-By Sign \_\_\_\_\_ Our website \_\_\_\_\_  
 Google/Internet \_\_\_\_\_ Previous Patient \_\_\_\_\_ Other (explain) \_\_\_\_\_

PATIENT INFORMATION:

\*First Name (as on BC Care Card): \_\_\_\_\_

\*Last Name (as on BC Care Card): \_\_\_\_\_

Nickname (optional): \_\_\_\_\_

Cellular Phone (include area code): \_\_\_\_\_

Home Phone (include area code) \_\_\_\_\_

Email address (used for appointment reminders): \_\_\_\_\_

\*Health Care Card Number: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other: \_\_\_\_\_

\*Date of Birth (YYYY/MMM/DD): \_\_\_\_\_

Address: \_\_\_\_\_

City and Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Referring Doctor \_\_\_\_\_

MSP Exempt Status (Low Income Assistance) YES \_\_\_ NO \_\_\_

INSURANCE INFORMATION: WSBC ICBC

Claim # \_\_\_\_\_ Date of Accident (YYYY/MMM/DD): \_\_\_\_\_

Adjuster Name \_\_\_\_\_ Adjuster Phone # (\_\_\_\_\_) \_\_\_\_\_

Lawyer \_\_\_\_\_ Lawyer Phone # (\_\_\_\_\_) \_\_\_\_\_

Lawyer email \_\_\_\_\_