

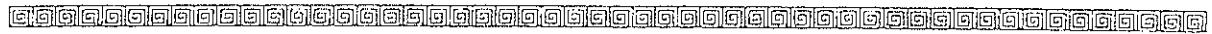


BC Mental Health & Addiction Services

An agency of the Provincial Health Services Authority

REPRODUCTIVE MENTAL HEALTH PROGRAM

Mental Health Building, Room P1-228
4500 Oak Street, Vancouver, BC V6H 3N1
Ph: (604) 875-2025 / Fax: (604) 875-3115



This is a teaching facility affiliated with the Department of Medicine at UBC. There will be students, residents and/or medical students working with our psychiatrists. Please notify your patients.

PLEASE PRINT CLEARLY

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_
first middle last (as it appears on carecard)

MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_
Apt/Street # Street Name City Postal Code

TELEPHONE: Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell / Pgr: \_\_\_\_\_

CARECARD NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_
d / m / y

REFERRING DOCTOR: \_\_\_\_\_ BILLING #: \_\_\_\_\_

OFFICE PH #: \_\_\_\_\_ FAX #: \_\_\_\_\_
please fill in

OFFICE ADDRESS: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

WE WILL CONTACT YOUR OFFICE WITH THE APPOINTMENT DATE AND TIME.
FOR URGENT REFERRALS:
FAX THIS TO US AND FOLLOW IT UP WITH A PHONE CALL OUTLINING THE URGENCY.
THANK YOU FOR YOUR COOPERATION