

Please complete and **fax/email** this form to BeWell Medical Clinic using the information below.

Date of request (yyyy-mm-dd)

Patient's information

Patient's last name	First name	Patient's Phone #	Patient's Email Address
Patients's mailing address		Personal health number (BC Services card/CareCard)	
		Date of birth (yyyy-mm-dd)	

Referring information

Doctor You Are Referring To? First Available Physician Dr. Amini Dr. Tabassi Dr. Baradaran	New Patient <input type="checkbox"/> Re-referral <input type="checkbox"/>
Does the patient have a significant communicable disease? Yes No	If "Yes" what type?

Provider's information

Name of Physician	Any Legal Action Pending Relating To The Pain Problem? Yes No	Pain Description
Name of clinic		
Clinic's mailing address/stamp	Referring Physician MSP Number	
	Clinic's phone number (include area code)	
	Clinic's fax number (include area code)	

Address

BeWell Medical Clinic
 310 -138 13th St, E North
 Vancouver BC V7L E05

Phone/Fax

Phone: 604.770.0164
 Fax: 604.770.0165

Email/Website

info@bewellmedical.ca
 www.bewellmedical.ca