REACH Community Health Centre

Celebrating nearly 50 years of community health in community hands.

Medical, Pharmacy, Counselling & Administration
#102 - 2732 E. Hastings St.
Vancouver, BC, Canada V5K 1Z9
(604) 251-3000

Dental & Multicultural Family Centre
501 & 505 1750 E. 10th Ave
Vancouver, BC, Canada V5N 5K4
(604) 251-3000

Medical Patient Application Form

Please complete this application in full and email to mreception@reachcentre.bc.ca. Please note that forms will not be completed for at least 1 month and narcotics or controlled drugs will not be prescribed on the first visit.

Last Name: _____ First Name: _____ DOB: _____

Preferred Name: _____ Phone: (____)_____ Gender: ☐ M ☐ F ☐ Other

Email: _____ PHN: _____

Address (*apt, address, city, postal*): _____

1

Do you have a family doctor or attend a walk-in clinic? ☐ Y ☐ N If yes... Name: _____

Clinic Name or Address: _____

2

Referral: ☐ Self ☐ Agency

Agency Name: _____

Agency Contact Person: _____

Agency Email/Phone: _____

3

Medical Information:

- ☐ Active Drug or Alcohol Problems
- ☐ Opioid Replacement Therapy
- ☐ COPD/Emphysema
- ☐ Active Mental Health Problems
- ☐ High Blood Pressure
- ☐ Other: _____
- ☐ Diabetes
- ☐ Heart Failure
- ☐ Hepatitis/HIV

- ☐ Housebound requiring a home visit
- ☐ MSP subsidized by government
- ☐ Struggles to make ends meet
- ☐ Need support with social assistance
- ☐ English **not** primary language

Primary Language: _____

4

Do you self-identify as:

☐ LGBTQ2+ ☐ New Immigrant ☐ First Nations/Aboriginal ☐ Refugee ☐ Person with Disability

5

How many times have you been hospitalized in the past 12 months? _____

What hospital? _____

Are you a dependent of or responsible for the care of a patient at REACH? ☐ **Y** ☐ **N**

Family Members Names: 1. _____ 2. _____

3. _____ 4. _____

Each family member (excluding children) requires their own application form.

Interested in dental services as well? Ask us how!