

PRE-ADMISSION INFORMATION

Place Patient Label Here



* 3 9 1 9 *

PERSONS TO CONTACT

Legal Next-of-Kin: _____ **Relationship:** _____
Name

Address of Next-of-Kin: _____
(If different than patient) Street

City Province Postal Code Country

Telephone number of Next-of-Kin: (if different from patient)

Home: _____ Alternate phone: _____

Emergency Contact: (if different from Next-of-Kin) _____

Relationship: _____ **Phone:** _____

Address of emergency contact: _____
(If different than patient) Street

City Province Postal Code Country

RESIDENT / CITIZEN / IMMIGRANT / VISA / REFUGEE

BC Resident

Canadian Citizen

Landed Immigrant

Visa

Refugee

If less than 3 months, date arrived in BC: _____

If landed immigrant or refugee, without a BC CareCard, **OR** on a visa, please provide a photocopy of your immigration or visa paper.

If refugee, please provide copies of both refugee documents.

INSURANCE INFORMATION

If **WorkSafeBC** (WSBC), please provide WSBC Claim Number: _____

If **ICBC** please provide ICBC Claim Number: _____

ICBC Adjuster's name: _____

Office: _____

EXTENDED HEALTH COVERAGE / ACCOMMODATION PREFERENCE

Accommodation Preference:

Standard ward - _____ No charge.

Private room / Private bath \$ 195.00

Semi-private room \$ 165.00

Private and semi-private rooms are subject to availability.

A deposit may be required for private and semi-private room requests. Prices are subject to change.

Patient Signature: _____ Date : (dd/mmm/yyyy) _____

If you are not the patient, what is your relationship to the patient? : _____