DR BRIAN FITZSIMMONS MD FRCSC FACOG
DR PÉTRA SELKE MD FRCSC FACOG

OBSTETRICS & GYNAECOLOGY

1208–750 West Broadway
Vancouver BC V5Z 1J2
604.872.1260
604.872.1261
www.obgynvancouver.ca

PATIENT INFORMATION FORM

NAME

_____ _____
(Last Name) (First Name)

CARE CARD NUMBER

_____

ADDRESS

_____
(Street)

_____ _____
(City) (Postal Code)

PHONE NUMBER
(Please indicate your preference by writing 1, 2 and 3 in the square next to the number)

	Home: _____
	Cell: _____
	Work: _____

ALLERGIES

_____
_____

MEDICATIONS

_____
_____

In your own words please tell us why are you being referred to our office?

_____
_____
_____
_____