



ACCESS SERVICES
CONFIDENTIAL PATIENT INFORMATION

To facilitate your admission, please complete and return this information sheet as soon as possible either in person or by mailing to: Access Services, Lions Gate Hospital, 231 East 15th Street, North Vancouver, BC V7L 2L7

PATIENT INFORMATION		
Legal Surname: _____ First Name: _____ Middle Name: _____		
Maiden Name (If applicable): _____ Date of Birth: Sex: M <input type="checkbox"/> F <input type="checkbox"/>		
Y Y M M D D		
Marital Status (circle one) Married Widow Separated Divorced Single Other		
Squamish Nation Member <input type="checkbox"/> Burrard Band <input type="checkbox"/> Other <input type="checkbox"/> (Band Name) _____		
Band Number: _____		
Present Address: _____		
City: _____ Province: _____ Postal Code: _____		
Phone (H): _____ (W) _____ How long at current address? _____		
If at current address less than 12 months, please indicate previous address(es)		
Street: _____ City: _____ How long? _____		
Street: _____ City: _____ How long? _____		
NEXT OF KIN INFORMATION		
Name: _____ Relationship to Patient: _____		
Address: _____		
City: _____ Province: _____ Postal Code: _____		
Phone (H): _____ (W) _____		
ACCOMMODATION REQUESTED Please check choice(s)		
Standard Accommodation <input type="checkbox"/> Semi-Private <input type="checkbox"/> Private <input type="checkbox"/> 3 or 4 patients per room 2 patients per room 1 patient per room		
Additional fees are levied for private and semi-private accommodation. Private and semi-private rooms are subject to availability.		
Superior Accommodation Request forms are available from Access Services located in the Main Lobby of Lions Gate Hospital. For information regarding bed availability and/or current room rates phone Bed Reservations at 604 984-5820.		
MEDICAL INFORMATION		
BC Personal Health Number (PHN) (Care Card Number) _____		
Were you born at Lions Gate Hospital? (Circle one) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been to Lions Gate Hospital as an in-patient or as an outpatient?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please indicate date of visit _____		
Name of Family Physician: _____ Name of Specialist: _____		
For Maternity Admissions: Due Date _____ Delivering Physician: _____		
ELIGIBILITY FOR BENEFITS		
If you are a non resident of Canada OR you are a resident of another province/territory within Canada OR you do not have status in Canada, hospital fees may be applicable and payable at the time of admission. Please contact Access Services at 604 988-3131 Local 4916 or return this form in person to the Main Admission desk located in the Main Lobby of the hospital.		