YELLOWHEAD COMMUNITY SERVICES
www.yellowheadcs.ca

Patient Registration – YCS Health Centre

Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ ☐ Female ☐ Male ☐ Other _____

Personal Health No:_____

Address: _____

City: _____ Prov:_____ Post code:_____

Contact info: Home phone:_____ Cell phone:_____

Work phone: _____ Employer: _____

Other phone:_____ Who/relation?_____

Preferred phone: ☐ Home ☐ Cell ☐ Work ☐ Other

Email: _____(to be used to send appointment reminders and other relevant notifications, resources & patient information)

Spouse (if applicable). Indicate if partner is, or will be, a patient here ☐ yes ☐ no.

Name: _____ Date of birth: _____

Best phone:_____ Email:_____

Children (living at home): Enter information only if child will be a patient here

Name: _____ DOB: _____PHN: _____

Name: _____ DOB: _____PHN: _____

Name: _____ DOB: _____PHN: _____

Name: _____ DOB: _____PHN: _____

Parents (if registering patient is under 20 years old): _____Phone: _____

Preferred Pharmacy: _____

Name of Previous Physician: _____

List any allergies you have: _____

Information you would like to share (complete on next page)**:**_____

YCS Health Centre
258 Park Drive
Clearwater, BC, V0E 1N1
T: (250) 674-3319
F: (250) 674-2740

Please complete and return to reception or email to
MOA_DrSandra@yellowheadcs.ca
MOA_DrPerdue@yellowheadcs.ca
MOA_DrChi@yellowheadcs.ca
MOA_DrPhillips@yellowheadcs.ca

YCS Office, Clearwater
612 Park Drive
Clearwater, BC, V0E 1N1
T: (250) 674-2600
F: (250) 674-2676


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