



Kimberley Reid , Nurse Practitioner
Global Family Care Clinic
 #204 – 7315 Edmonds Street
 Burnaby BC V3N 1A7
 Tel (604) 412-6580
 Fax (604) 515-7750

Date of Referral: _____

Date of Arrival in Canada: _____ - _____ - _____
 YYYY - MM - DD

Referred From:

- Burnaby Maternity Clinic
- Bridge Clinic
- Newcomers Centre
- Other (specify): _____

What is your immigration status:

- Refugee Claimant
- Privately Sponsored Refugee
- New Immigrant (any class)
- Other (specify): _____

Personal Information (place sticker if available)

Last Name: _____

First Name: _____

Birth date: _____ - _____ - _____
 YYYY - MM - DD

Gender (circle): Female/Male/Other

Address: _____

Phone Number (where message can be left):

Do you have a family physician or practitioner?

- Yes, specify _____
- No, used a walk-in clinic only
- No, other (specify) _____

Are you:

- Pregnant: # of weeks _____
- Postpartum: # of weeks _____
- Children < 5 y/o: # of years _____
- Other (specify): _____

Documentation available (tick & complete applicable):

- MSP # _____
- IFH # _____
- Landed Immigrant # _____
- Permanent Resident # _____

Spoken Language(s): _____, _____

Please circle primary

Interpreter required: No Yes

Family members being referred (including relation to primary referral):

1. _____
2. _____
3. _____
4. _____

Additional comments (attach pertinent documentation):

Please FAX to 604-515-7750, Attention: Kimberley Reid