

PERSONAL INFORMATION

Dear Patient:

In order to ensure proper care, please answer the following:

Name (as shown on Carecard):

First.....Middle.....Last.....

Date of birth: Day.....Month.....Year.....

Contact in emergency.....Relationship.....Phone.....

Provincial Health Insurance #.....

Address:

Street..... City.....

Province.....Postal Code.....Telephone.....

E-mail.....Fax.....

Occupation.....

Employer Name.....

Address.....Telephone.....

Family physician.....

Address..... Telephone.....

Referred by:

Physician.....

Self.....Other.....

Where have you heard about the clinic.....

Varicose and spider veins fall into many categories depending on their size, location and origin and various innovative techniques have been developed to diagnose and treat this condition, producing excellent functional and cosmetic results. Please note that MSP does **not** provide coverage for ultrasound studies and other diagnostic as well as office surgical procedures for varicose veins. In addition, to treat the condition properly, many patients will need a combination of procedures requiring extensive and/or multiple treatment sessions, while only **limited** coverage is in effect and therefore patients will be responsible for the additional charges.

Signature.....Date.....