



Dr Schifke's Intake Form

NAME

DOB

PHN/ MEDICAL NUMBER

ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS:

Any patients who requires a visit prior to their chart transfer should kindly complete this Intake Form. Please note that you have to download and save the form on your computer (under the name of the person applying) as it will not save online or you can print the form and complete it.

Completed forms can be e-mailed to patients@wsmed.ca or faxed to 250 - 768 - 6907 or returned to the clinic in person at 103 - 1135 Stevens Road, West Kelowna, BC.