



Registration Form

Legal Name* as it appears on your BC Services Card or CareCard:

Chosen Name:

Date of Birth* (MM/DD/YYYY):

Personal Health Number (PHN), listed on your CareCard or the back of your BC Services Card:

Email*:

Phone*:

Postal Code*:

Sex as listed on your BC Services Card*:

Gender and pronoun information:

Family Doctor (if applicable):