Patient Intake Form

Dr. Behzad Borji & Associate Family Physicians
Downtown Vancouver Medical Clinic

Patient Information

Last Name: _____ **First Name:** _____

Date of Birth (DD/MM/YYYY): _____ **Personal Health Number (PHN):** _____

About Our Practice

- New patients are accepted only as space becomes available, such as when a patient leaves or a new physician joins.
- This form does **not** guarantee acceptance. Please stay registered with the BC Health Connect Registry.
- Care begins after an introductory visit, if both you and the physician agree to proceed.
- You will be assigned one physician; another clinic physician may provide care when they are unavailable.

Patient Responsibilities

I agree to:

- Book one concern per appointment.
- Arrive on time, understanding that appointments may start 2 hours or more late due to urgent patients.
- Give 24 hours' notice to cancel. A late fee may be charged for missed or late-cancelled appointments (not covered by MSP).
- Use this clinic as my primary care home, and use walk-in clinics or urgent care only when it is closed or I cannot see doctors in this clinic in time.
- Treat physicians, staff, and other patients with respect. Threatening, abusive, or harassing behaviour will not be tolerated.
- Pay for services not covered by MSP, such as forms and sick notes.
- Accept that this clinic does not generally prescribe controlled medications such as opioids, benzodiazepines, or ADHD stimulants to walk-in patients.

Medical Records and Privacy

I consent to:

- Clinic physicians and authorized staff accessing my medical record, including by secure remote access.
- The clinic obtaining records from previous providers and sharing relevant information with others involved in my care.
- Contact by phone, text, or email, including receiving medical information such as requisitions and test results.
- Secure AI tools that listen to and transcribe visits for documentation purposes.
- These consents remain in effect for all future visits. It is my responsibility to clearly tell my physician at the start of each visit if I decline AI documentation, and to withdraw consent to electronic contact in writing.

Ending the Patient–Physician Relationship

A physician may, at their discretion, end the relationship for reasons including, but not limited to:

- Threatening, abusive, harassing, or otherwise inappropriate behaviour (in person, by phone, or online)
- Repeated unnecessary use of other clinics
- Repeatedly not following this agreement, including missed appointments
- Repeated non-payment for uninsured services
- Moving too far away for in-person care
- The physician reducing their practice for personal health or similar reasons

I have read and understood this form and agree to its terms.

Signature: _____ **Date:** _____

We will review your information and contact you if space becomes available in our practice.