Ph: 604-596-5574
Fx: 604-596-3110
Toll Free: 1-877-538-5574
P.O. Box 75032 White Rock, BC, V4B 5L3
info@oceansrehab.com - www.oceansrehab.com

RESIDENT'S PERSONAL INFORMATION

Name: ______________________________

Address ______________________________

City / Town ______________________________

Prov / State ______________ Postal / Zip Code ______________

Phone ______________ Cell ______________

Email ______________________________

Health Card # ______________________________

Birthdate ______________________________

Intake Date ______________________________

Emergency Contact ______________________________

Relationship to Resident ______________________________

Phone ______________ Cell ______________

When was the last time you used? ______________________________

What did you use? ______________________________

____

How much? ______________________________

Please fax this completed form to Oceans Rehab Centre at 604-531-3110