

Westcoast Women's Clinic



For Midlife Health

1003 West King Edward, Vancouver, B.C. V6H 1Z3
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**INFORMED CONSENT AGREEMENT:
EDUCATIONAL & PREVENTATIVE HEALTH ASSESSMENT SERVICES**

Name: _____

Date of Birth: _____

1. I agree to be assessed in this office, in order to determine possible contributing factors to my current health problems.
2. I understand that these Educational & Preventative Health Assessment Services are considered non-insured services by the Medical Services Plan of British Columbia. These services may or may not be covered by my Extended Medical Benefits Insurance Plan. I accept and agree to make payment for the Educational & Preventative Health Assessment Services at the time they are provided to me.

In witness whereof I have executed the foregoing

This _____ day of _____, 20__.

Signature: _____

Witness: _____
(Signature)

Witness: _____
(Print)