



Brian C. Bailey B.A., M.D.

physician practicing psychotherapy
CPSO licence # 21879
499 Sunnyside Ave. #109 K1S 0S8
1355 Bank St. #600
613-319-6750
dr.bailey@acudestress.ca

www.acudestress.ca

ACUDESTRESS REGISTRATION FORM 2019

FAX TO: 613-212-8962

Last Name: _____ First Name: _____

Address: _____

Phone # Day: _____ Phone # Evening: _____

Email Address: _____

Date of Birth: _____
Day Month Year

OHIP NUMBER: _____
4 Digits 3 Digits 3 Digits

VERSION CODE: _____ **QHIP ONLY** - Expiry Date : _____
Day Month Year

Who referred you to acudestress? _____

Are you a client of South-East Ottawa Community Health Centre YES or NO? _____

Are you a client of another Community Health Centre? If Yes, which one? _____

Are you on Ontario Disability Support Program (ODSP) YES OR NO? _____

Do you have supplemental insurance that covers acupuncture by a physician YES OR NO? _____

If YES, which insurer? _____

WHICH TIME DO YOU WISH TO ATTEND? _____
11:30am to 1 pm 4:30pm to 6 pm EITHER

TODAY's Date: _____ INTAKE APPOINTMENT: _____

Form completed by: _____