

Bulterys House 1225 – 113 Avenue, Dawson Creek, BC V1G 2Y9 Guest Intake

| Name | Date |
|---|-----------------------|
| Name of Travel Companion | |
| Age *No pets please* Gend | der Female Male Other |
| Ethnicity Indigenous | Metis Non-Indigenous |
| Home Address | |
| | |
| Email | Phone number |
| Referring Physician's Name | |
| Address | |
| Physician's Office Phone Number | |
| Accommodations: | |
| Regular Room Wheelchair Accessible | |
| Yes, I can climb stairs No, I cannot climb stairs | |
| Reason for Visit: | |
| Maternity Surgical | Unique Needs |
| Oncology Other | |
| Date of Arrival | |
| Date of Departure | |
| Number of Nights | |
| Method of Payment - \$30 a Night | |
| Cash paid Debit E-transfer to Director khomme@dcscl.org | |