



# HIV Care Physician Registration

If you are a doctor and would like to be listed in our HIV Care Physician registry, or if you would like to change your current listing, please complete this form and fax or mail it to:

To: Director. Prevention Services  
BCPWA  
1107 Sevmour Street, 2<sup>nd</sup> Floor  
Vancouver, BC  
V6B 5S8

Fax: 604.893.2251  
Phone: 604.893.2225 or 1.800.994.2437

From: \_\_\_\_\_  
(Office Stamp)

Date: \_\_\_\_\_  
Pages: \_\_\_\_\_  
(including cover page)

Your name: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

Organization name: \_\_\_\_\_

Office address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Toll free: \_\_\_\_\_ Web site: \_\_\_\_\_

Email address: \_\_\_\_\_

Communities served (check all that apply):  
Everyone  Women  Men   
Gay women  Gay men  Transgendered   
First Nations  Other \_\_\_\_\_

Languages spoken (check all that apply; English is assumed):  
French  Spanish  Punjabi   
Cantonese  Mandarin  Korean   
Japanese  Other \_\_\_\_\_

I am a  Family Physician / General Practitioner  
 Specialist in \_\_\_\_\_

I provide care for HIV positive patients,  
 and I am currently accepting new patients.  
 but I am NOT currently accepting new patients.

Any other information you would like us to know: \_\_\_\_\_  
\_\_\_\_\_

By completing and signing this form, you acknowledge that

- you welcome HIV-positive people as patients;
- you believe you have the medical knowledge and expertise to meet the unique needs of people living with HIV or AIDS;
- you want to be listed in our HIV Care Physician registry.

Your signature goes here: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that this information will be used to provide contact information to individuals seeking an HIV Care Physician. If you have any questions or concerns, please contact BCPWA's Director of Prevention.