

This form can be used to update a service/location listing on VCH.ca and HealthLink BC. Once the changes are complete please make sure they are displaying correctly on both HealthLink BC and VCH.ca

If the changes are correct on HealthLink BC but are not showing properly on VCH.ca please send an email to webupdates@vch.ca.

You can search on HealthLink BC for your listing through the search, <http://www.healthlinkbc.ca/find/>.

Primary Administrative Contact - Designated person for HealthLinkBC to follow-up or contact about your service.								
Prefix (Mr., Ms., Mrs., Dr.)		Full Name			Suffix		Job Title	
Mailing Address								
Suite No.	Street No.	Street Name		Street Type	Street Dir.	Phone	Ext.	
City		Province BC	Postal Code	PO Box	Station	Fax		
Country Canada					Email Address			
Additional Contact Methods (i.e. cell phone, pager, secondary phone number or email)								

Official Service Name							
Service Description (What service is provided, how it is delivered, who the target patients/clients are, etc.). Limit							
Website Address							
Service Mailing Address and Contact Details Same as information above							
Suite No.	Street No.	Street Name		Street Type	Street Dir.	Phone	Ext.
City		Province BC	Postal Code	PO Box	Station	Fax	
Country Canada			Email Address			Toll-Free Phone	
Additional Contact Methods (i.e. cell phone, pager, secondary phone number or email)						TTY	

Service Eligibility and Fees		
Min. Patient Age	Max. Patient Age	Notes on Additional Patient Age Requirements
Genders Accepted Male Female Transgender		
Fee Type Flat Fee No Fee Sliding Scale	Fee Details (i.e. 60-minute session \$100)	

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Language(s) Service is Offered in English,	
Referral Instructions (Referral process, intake procedures, follow-up and waitlist details)	Eligibility Criteria (Additional characteristics that a patient must possess in order to use service)

Locations Offering This Service					
In this section, please list all of the locations where this service is being offered. If any of the referral information on page 2 is different at one of the locations, please make a copy of page 2 or use a new form to specify what those differences are. There is no limit to the number of service locations you can provide. Please replicate page 3 for as many additional locations as necessary.					
Check this box if your first service location address is the same as the service mailing address, and then fill out the remaining fields.					
Suite No.	Street No.	Street Name	Street Type	Street Dir.	Confidential Location? Yes, do not publish specific details
City	Province BC	Postal Code	Country Canada		
Hours of Operation			Transportation Notes (Public transportation, parking, and entrance notes)		
Wheelchair Accessible? Yes No	Office Phone	Ext.	Office Fax	Office Email Address	
Website Address					

Suite No.	Street No.	Street Name	Street Type	Street Dir.	Confidential Location? Yes, do not publish specific details
City	Province BC	Postal Code	Country Canada		
Hours of Operation			Transportation Notes (Public transportation, parking, and entrance notes)		
Wheelchair Accessible? Yes No	Office Phone	Ext.	Office Fax	Office Email Address	
Website Address					

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Wheelchair Accessible? Yes No	Office Phone	Ext.	Office Fax	Office Email Address	

Website Address

Please attach any PDFs or list any links to be added.