



**CLINE MEDICAL CENTRE**  
INTEGRATIVE MEDICINE

Operated by Dr. John C. Cline Inc.

Date: \_\_\_\_\_

Thank you very much for your phone call inquiring about the possibility of becoming a patient at our clinic. At the Cline Medical Centre we offer a wide range of complementary medical therapies as outlined in the enclosed brochure. In order for us to serve you better would you please take the time to briefly list your health concerns in the space below. Please note that “Health Promotion” is a valid health concern, and is appropriate to indicate in the same area.

Once I receive your questionnaire, I will carefully review what you have written and then we will contact you with how we think you would best be served at our clinic. I will suggest an approach and further material will be forwarded to you. Then, if you wish to proceed, I would be most happy to see you for a history and physical exam, followed by appropriate investigations. Please remember “Our aim is to provide you with a foundation to help you reach your personal health goals”.

I look forward to your reply and thank you once again, remaining,

Yours sincerely,

John C. Cline, M.D., B.Sc.

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** (     ) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
( month / day / year )

**“My Most Important Health Concerns”:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

WWW.CLINEMEDICAL.COM

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