

Patient LAST/FIRST Name \_\_\_\_\_ Date:

d\_\_\_\_/m\_\_\_\_/y\_\_\_\_\_

(Please print your LEGAL NAME, as it appears on your BC ID, CardCard, or Policy Card)

(请不要写汉字，官方认证名字或者使用汉语拼音，性，然后名字)

*(Please read through the policy notes and sign on the line as indicated as below, then go through the questionnaire as attached. There is a total of 3.5 pages to this document).*

### **Policies for Attachment to the Family Practice**

- As your family doctor, my practice team and I will:
  - Provide the best care we can based on available evidence, clinical judgement, and an open communication with you
  - Offer you timely access to care within the best of our ability
  - Maintain an ongoing record of your health
- As my patient, I ask that you:
  - Seek your health care from me and my team whenever possible
  - Identify me as your doctor if you have to visit an emergency facility or other health care provider, so they can provide me with information about your treatment for your medical record.
  - Communicate with me honestly and openly so that we can best address your health care needs .\*\*No multidoctoring:
- Our family practice clinic will take on unattached patients who do not have family doctors already as a priority.
- If you already have a family doctor, we encourage you to stay with your family doctor.
- If you wish to switch to our clinic, we will ask that you sign a letter to formally terminate your relationship with your previous family doctor.
- Your previous doctor may charge a fee to prepare and transfer your files to us. Clinic appointment bookings:
  - A typical visit is scheduled for 10-15 minutes.
  - Whenever possible, please state the reason of your visit so that we can budget time appropriately.
  - Longer appointment for complete physicals or procedures will be booked at the doctor's discretion.
  - We will try our best to be on time for everyone, so please be mindful of other patient's time.
- Number of issues:
  - We do not have a hard limit on the number of issues you bring in.
  - We ask that you list all of the issues you wish to discuss and allow us to prioritize the list with you
  - We do not want to rush through your issues, so we will book follow up appointments to provide you with thorough medical care as appropriate
- Opioids and other controlled substances:
  - There is insufficient clinical evidence that long term, escalating doses of opioid treatment is beneficial for chronic, noncancer pain. Inappropriate use of opioid medications can lead to more harm than good. For the best quality of care, we will request and adhere to our Opioid Treatment Agreement (Appendix A) before starting opioid therapy.
- Uninsured services:

- Common uninsured services include:
  - Sick notes and medical certificates,
  - Telephone prescription renewals,
  - Chart transfers,
  - Missed Appointments,
  - Insurance Reports,
  - Cosmetic procedures,
  - Cryotherapy for nonplantar warts,
  - Flu shots for patients not in high risk group
  - Medical legal letters and opinions
  - Travel Advice
  - Medical CPP Examinations and Forms

We will charge for these services at the Doctor of BC recommended rate (Appendix B) Late or missed appointments:

- The Doctor of BC recommended rate for missed appointment is \$73, but our clinic will charge \$40 for every missed appointment. This is enforced only after you miss 3 appointments in total.
- With repeated missed appointments, we may ask you not to book more appointments but come in on a dropin basis and wait until there is an opening. The wait may be long.

Alternatively, you may seek care elsewhere. Ending the therapeutic relationship:

- A positive therapeutic relationship relies on mutual trust and respect between the patient and the physician.
- If this foundation is lost, a productive therapeutic relationship may no longer be possible, and either the patient or the physician may choose to terminate this doctor- patient relationship.
- Our clinic will provide resources where you may be able to find another physician.
- The patient has the right to seek care from our clinic for up to 1 month for emergency reasons.
- If the reason for terminating the care relationship involves a patient's aggression towards any clinic staff, the grace period may not apply due to workplace antiharassment legislation.

**PharmaNet search:**

- Knowing what medications you have been prescribed is very important for proper medical care
  - You consent to the doctor checking your prescription records in BC on your PharmaNet profile
- By signing below, you indicate that you have had an opportunity to discuss the clinic rules, you understand the rules, and you agree to abide by them.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Adult Health History for NEW Patients of the Practice:**

*Your answers on this form will be kept confidential, and they will help your health care provider get an accurate history of your medical concerns and conditions. If you are uncomfortable with any question, do not answer it. Thank you! Leave blank if it is not applicable to you.*

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_(YYYY/MM/DD)\_\_\_\_\_ Carecard #: \_\_\_\_\_  
 Telephone (Best): \_\_\_\_\_ Telephone (2ndary): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relation to you: \_\_\_\_\_

**CURRENT ISSUES:** Main reason for today's visit: \_\_\_\_\_

Where were you getting your care before?:(doctor/clinic)\_\_\_\_\_

**PSYCH EVALUATION:** In the past 2 weeks, have you been bothered by:

No  Yes Little interest or pleasure in doing things?

No  Yes Feeling down, depressed or hopeless?

No  Yes Anxious, keyed up, or on edge?

**PAST MEDICAL HISTORY:** What past medical issues to you have? (For example, diabetes, high blood pressure...)\_\_\_\_\_

What surgeries have you had in the past? (For example, appendix, gall bladder, tonsil surgeries...)

Surgery	Date

**MEDICATIONS:** What medications do you take?:

Medication Name and Dose (if known)	How do you take it?	Why?

*If there are more than can fit on this form, please bring a copy of written Rx's or go to a pharmacist and have them print one out for you.*

What allergies do you have?:

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**CONDITIONAL/REGULAR CHECKS**

Have you had the following tests? If so, when?

● Stool test for blood (FIT) <input type="checkbox"/> No <input type="checkbox"/> Yes, date:_____	● Mammograms <input type="checkbox"/> No <input type="checkbox"/> Yes, date:_____
● Pap smears <input type="checkbox"/> No <input type="checkbox"/> Yes, date:_____	● Colonoscopy <input type="checkbox"/> No <input type="checkbox"/> Yes, date:_____

**FAMILY HISTORY:**

Do you have any FAMILY MEMBER with a history of

● Heart attack <input type="checkbox"/> No <input type="checkbox"/> Yes, who:_____	● Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, who:_____
● Stroke <input type="checkbox"/> No <input type="checkbox"/> Yes, who:_____	● Hip fractures <input type="checkbox"/> No <input type="checkbox"/> Yes, who:_____

● breast cancer <input type="checkbox"/> No <input type="checkbox"/> Yes, who: _____	● colon cancer <input type="checkbox"/> No <input type="checkbox"/> Yes, who: _____
● anxiety <input type="checkbox"/> No <input type="checkbox"/> Yes, who: _____	depression <input type="checkbox"/> No <input type="checkbox"/> Yes, who: _____
● suicide <input type="checkbox"/> No <input type="checkbox"/> Yes, who: _____	● alcohol/substance use <input type="checkbox"/> No <input type="checkbox"/> Yes, who _____

**SUBSTANCE USE HISTORY:** Do you smoke?  No  Yes, \_\_\_\_\_ packs a day for \_\_\_\_\_ years  I quit in \_\_\_\_\_ (year) after smoking for \_\_\_\_\_ years

How many alcoholic beverages do you drink in a week? \_\_\_\_\_ drinks

Do you use recreational substances?  No  Yes

**SOCIAL HISTORY:** Occupation (or prior occupation): \_\_\_\_\_  
retired/unemployed/leave of absence/disabled (circle one)

Years of education or highest degree: \_\_\_\_\_ Marital status (circle one): single, partner, married, divorced, widowed, other: \_\_\_\_\_ Spouse/partner's name: \_\_\_\_\_

Number of children: \_\_\_\_\_ Ages if under 18 years: \_\_\_\_\_

Who lives at home with you? : \_\_\_\_\_

Leisure activities, group involvement, religion, volunteer work, recent travel:

**WOMEN'S HEALTH HISTORY:** Total number of pregnancies: \_\_\_\_\_ Number of births: \_\_\_\_\_

\_\_\_\_\_ Date (month/day if known) of last menstrual period if you are still menstruating:

\_\_\_\_\_ Age at beginning of periods (menstruation): \_\_\_\_\_ Age at end of periods

(menopause): \_\_\_\_\_

**OTHER INFORMATION:**

Do you have anything else you would like us to know about you?:

**FAQ: FREQUENTLY ASKED QUESTIONS:**

1. Test results:

a. Bloodtests/Lab work results generally take 3-4 days if they are not marked urgent. Generally the doctor will not call you if the results are normal, but if you are concerned, please book an appointment as staff are not able to communicate results over the phone.

b. *It is often a good idea to check in with the practice if your results have arrived if you are a new patient of the clinic.*

2. Imaging Results:

a. You can go to any certified imaging lab in BC, please note that some places may take longer than others if the imaging is marked nonurgent. When attending an imaging lab, please inform their reception of the location and contact information (fax#) of your family doctor to avoid delays.

- b. Imaging results take generally 5-7 business days to process.
  - c. *It is often a good idea to check-in with the practice if your results have arrived if you are a new patient of the clinic.*
- 3. Hospital Labs:
  - a. The practice will send requests to hospitals for hospital labs and the hospital will inform the practice and we will in-turn inform you. Generally, the results will come back after you have completed the trip to the hospital in 1-2 weeks.
  - b. *It is often a good idea to check-in with the practice if your results have arrived if you are a new patient of the clinic.*
- 4. Communicating with your doctor:
  - a. Call the booking line, 778-999-9966 if you want to book an appointment. 9AM-5:30PM Monday-Saturday. Sometimes the line is busy, so try again in a moment.
  - b. You can leave a message WITH A STAFF MEMBER only, do not leave messages on the machine.
- 5. If your doctor is temporarily unavailable,
  - a. Although it's best to follow up with your family doctor, sometimes, you may need to book an appointment with the walk-in clinic. Your files are shared in both clinic for longitudinal care. To check out the schedule or book a walk in clinic online go to [www.bcdrug.com](http://www.bcdrug.com)
- 6. Transferring records:
  - a. You will need to sign a consent form when taking information from your old doctor to our practice and vice versa.
  - b. There is a fee as advised by the Doctors of BC of a \$30 single charge, for the first 20 pages. If there are more pages, there is a copying fee of \$.25 per page.
- 7. Emergency contacts:
  - a. We suggest you have an emergency contact listed on your file with us and or you register your email. [www.elicare.ca](http://www.elicare.ca). We will not send you any spam related information, only relevant to the clinic/practice.
- 8. Health Resources:
  - a. Dial 8-1-1 if you need to talk to someone in regards to a health event, there will be a nurse on duty at HealthLinkBC. Dial 9-1-1 if you have an emergency or go to your nearest hospital.