

ADULT Health History for NEW Patients: (Age >18)

MY INTAKE APPOINTMENT IS WITH DR. _____

 This form is available on Elicare.ca/Forms

 Please fill out this form as completely as possible and email it to info@elicare.ca or print and bring it with you. Please print legibly.

Email:		Phone Number:	
Last Name:		First Name (Legal)	
Date of Birth:		Gender:	
Address:		Personal Health Number:	
Mobile #:		Secondary Phone #	
Emergency Contact Name:		Emergency Contact Phone #:	
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?:

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?:

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.

Clinic Policies:

Signing the line below acknowledges you have read, understood, and agreed to the conditions listed out in the Clinic Policy and Patient Agreement, available online at elicare.ca/clinicpolicy/ If you have questions, please talk to a staff member.

Print name: _____ Date: _____

Signature: _____

Virtual Care Consent & Electronic Communications Consent

ELECTRONIC COMMUNICATIONS CONSENT:

I consent to Elicare Medical's staff and my doctor to contact me via email, sms, instant messaging software for non-urgent updates.

DEFINITIONS

Virtual Care, Telehealth, or Telemedicine uses electronic communication tools between patients and doctors at different locations for the purpose of diagnosis, therapy or follow up. Data involved with virtual care includes the following:

- Medical Records
- Requisitions, Prescriptions and Forms
- Audio and Video

SOFTWARE & APPLICATIONS

Software applications and devices utilized by Elicare Medical will include security protocols to protect the confidentiality of the patient's ID and images.

RISK & BENEFIT

Faster and simpler access to communication and care.

In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s);

Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;

In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;

PATIENT CONSENT TO VIRTUAL CARE

By signing this form, I, the patient, have read and understood the following:

I, the patient, have read and understood that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.

I, the patient, have read and understood that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

I, the patient, have read and understood that I have the right to inspect all information obtained in the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee.

I, the patient, have read and understood that I may choose to make an in-person appointment at any time.

I, the patient, have read and understood that the doctor may recommend I schedule an in-person appointment to address issues that cannot be adequately addressed through telemedicine.

I, the patient, have read and understood that telemedicine involves encrypted electronic communication of my personal medical information.

I, the patient, have read and understood that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

Telehealth visit is an MSP-insured benefit. I, the patient, have read and understood that a fee of \$85 per visit (subject to change) is applicable if I do not have current MSP coverage on the day of the tele-visit. I agree to pay all applicable fees upon receipt of invoice.

GOVERNING JURISDICTION

I agree that any dispute arising from the telemedicine consult will be resolved in the Province of British Columbia.

ACKNOWLEDGEMENT & SIGNATURE

I have read and understand the information provided above regarding telemedicine, have been offered the opportunity to discuss it with my physician, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

I hereby authorize any GP or NP of Elicare Medical to use virtual care for my benefit.

Print name: _____ Date: _____

Signature: _____

Elicare Medical: Policies for Attachment to the Family Practice

Missed Appointments:

- o The Doctor of BC recommended rate for missed appointments is \$73, but our clinic will charge \$40 for every missed appointment. This is enforced only after you miss 2 appointments consecutively. Appointments cancelled on the same day are considered no shows.
- o With repeated missed appointments, we may ask you not to book more appointments but come in on a drop-in basis and wait until there is an opening.

New Patients

- o Patients who currently do not have a family doctor, and patients whose current family doctor is leaving practice will have priority to be attached to the family practice. Patients who currently have a family doctor, we will contact you when we are taking on patients who currently have a family doctor.
- o It is not advisable to switch your family doctor while amidst in a WCB or ICBC claim as the previous physician would be more knowledgeable of your condition and history of the injury. A new doctor may not take on your WCB or ICBC claim if it is already well underway via another physician.

Covenant

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'd like for you to:

- 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 Multi-doctoring Policy:

- o The clinic has a no multi-doctoring policy. Please transfer your charts or indicate your preferences at the front desk reception. Although, any patients may use the clinic's walk-in services freely at any time.
- o If you already have a family doctor, we encourage you to stay with your family doctor.
- o 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.
- o Your previous doctor may charge a fee to prepare and transfer your files to us.

Rudeness & Violent Behavior

Our clinic is a safe place for everyone who enters our doors. We are committed to providing a safe, healthy and secure environment in which to work and receive care through the prevention of violent, abusive, and aggressive behavior. We have a zero-tolerance policy and may take action for visitors who exhibit this behavior.

Clinic appointment bookings:

- o A typical visit is scheduled for 10-15 minutes.
- o Whenever possible, please state the reason of your visit so that we can budget time appropriately.

- o The clinic has an online booking service, we ask that patients of the clinic use this service whenever possible to free the phone lines for emergencies.
- o Longer appointments for complete physicals or procedures will be booked at the doctor's discretion.
- o We will try our best to be on time for everyone, so please be mindful of other patient's time. Number of issues:
- o 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.
- o 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

Consent to use Electronic Communication:

- o The clinic uses email, SMS, web-apps to communicate with its patients. Signing the patient intake form and becoming a patient of the clinic means that the patient has read, acknowledged, and agreed to the use of such electronic devices as a medium to relay non-vital health and scheduling information.

Opioids and other controlled substances:

- o There is insufficient clinical evidence that long term, escalating doses of opioid treatment is beneficial for chronic, non-cancer 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:

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

We will charge for these services at the Doctor of BC recommended rate. The fee schedule is displayed at the front of the clinic as well as on the clinic's website.

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.

After Hours Coverage

If you have an urgent medical issue that cannot wait until our next business day, but you don't think your issue is a medical emergency that warrants an ER visit, you may visit the VCH REACH urgent and

primary care centre which runs until 9pm on weekdays and saturday and 4PM on sundays. Unlike a regular walk-in clinic which is subject to a daily volume cap, the Urgent Care Clinic will not close their door before their scheduled shift ends. <https://www.reachcentre.bc.ca/medical>

Elicare Medical also provides after-hour telephone coverage for our patients' urgent medical issues. Please note:

- This service is only available to patients who have been seen at Elicare Medical (including walk-in patients who have been seen in person before).
- The doctors at Elicare take turns covering this service, and they usually have a full day scheduled the next day, so please be mindful and only call for urgent medical issues.
- Since BC MSP does not cover the service of assessing urgent medical issues over telephone after-hours, a fee of \$85 (set by Society of General Practitioners and subject to change) is applicable per phone call. The fee is payable by calling our office or upon your next medical appointment.
- The on-call doctor will do his best to assess the urgency of your medical issue and may recommend treatment suggestions, an urgent next-day appointment at the clinic, and/or when you should visit the emergency room.
- As the doctor cannot physically see or examine you, you understand that the doctor's assessment may be limited.
- You accept the risks involved in having a medical discussion with the doctor, who may be in a public space, over a conventional telephone or cellphone line, which includes privacy breach, loss of signal, or miscommunication.

By calling the number below, you agree to the above.

After-hour call number: Please dial the clinic's line for after hours and follow the prompts.

FAQ: FREQUENTLY ASKED QUESTIONS:

- 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.*
- 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.*
- 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.*
- Appointments with Specialists or a hospital diagnostic
 - i If your family doctor has referred you to a specialist, MRI/CT or similar in hospital diagnostic, the clinic will call or email you when the appointment notification returns to the clinic.
 - Communicating with your doctor:
 - a. Call the booking line, 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.
 - If your family doctor is not available you may want to book an appointment with the walk-in clinic physician in the same clinic as to ensure continuity of your medical record.
 - We ask family patients of the clinic book with their family doctor whenever possible to preserve the integrity of the therapeutic relationship. However, we understand that there are times where it is more convenient to see the walk-in doctor.
 - 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.
 - 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. We will not send you any spam related information, only relevant to the clinic/practice.
 - 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.

Print name: _____ Date: _____

Signature: _____