

# Doctor Clinic Family Practice

121-1959 152nd Street, Surrey, BC, V4A 9E3

Doctor Clinic Family Practice will contact you when we are able to accommodate your request

**INCOMPLETE APPLICATIONS WILL NOT BE ADDED TO WAITLIST**

Email application to moa@doctorclinic.ca

Full Legal Name:

History Form - Date completed:

Email:

Birthdate (DD/MM/YY):

PHN (care card):

Home Phone:

Cell Phone:

Address:

City:

Gender: Male  Female  Others

Postal Code:

Height:  (indicate LBS or KG)

Weight:  (indicate LBS or KG)

**Current & Past Family Doctors: Please list all in order of most recent (and include the year you last saw each doctor):**

1.

2.

**Current & Past Medical Specialists: Please list all in order of most recent (and include the year you last saw each specialist):**

1.

3.

2.

4.

**Why are you currently looking for a new Family Doctor:**

**Do you currently have any open ICBC claims?:** Yes  / No  **Do you currently have any open WBC claims?:** Yes  / No

**Current chronic (ongoing) concerns: (e.g.: Hypertension, Diabetes, High cholesterol, Fibromyalgia, Arthritis etc.)**

1.

5.

2.

6.

3.

7.

4.

8.

**Allergies/reactions to medications/substances):**

1.  Type of reaction:

2.  Type of reaction:

3.  Type of reaction:

**Past serious conditions/Surgeries: (e.g. Heart attack, Stroke, Hysterectomy, Bypass surgery etc.)**

1.  Date:  5.  Date:

2.  Date:  6.  Date:

3.  Date:  7.  Date:

4.  Date:  8.  Date:

**Current Medications: Including vitamins, minerals, herbals and over the counter**

1.  Strength:  Dosage:  For:

2.  Strength:  Dosage:  For:

3.  Strength:  Dosage:  For:

4.  Strength:  Dosage:  For:

5.  Strength:  Dosage:  For:

6.  Strength:  Dosage:  For:

**Preferred Pharmacy:**

Name:  Address:  Phone:  Fax:

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Full Legal Name:

**Family history: Conditions/diseases present in first degree relatives:**

Father: Age:  Deceased  / Living  Conditions: 1.  2.  3.   
Mother: Age:  Deceased  / Living  Conditions: 1.  2.  3.   
Sibling: Age:  Deceased  / Living  Conditions: 1.  2.  3.   
Sibling: Age:  Deceased  / Living  Conditions: 1.  2.  3.

**Personal social history:**

**Current Marital Status:**

Married  Common Law  Divorced  Single  Widower

**Children:**

Year of Birth: 1.  2.  3.  4.   
Health Status:

**Obstetrics:**

No. of pregnancies: Full Term:  Miscarriage(s):  Abortion(s):   
Year of pregnancies:

**Occupation:**

Present:  For how long:  Past:  For how long:

**Current Habits:**

Smoking: Yes  / No  For how long (#years):  # per day:  # per week:  Type:   
Past: Never smoked Yes  / No  Smoked for # of years:  Quit (Year):   
Alcohol: Yes  / No  For how long (#years):  # per day:  # per week:  Type:   
Past: Never drank Yes  / No  Smoked for # of years:  Quit (Year):

Other Drugs: Yes  / No

Marijuana: Yes  / No  Cocaine: Yes  / No  Heroin: Yes  / No  Amphetamines: Yes  / No

Frequency:

**Exercise:**

1. Type:  Frequency:  3. Type:  Frequency:   
2. Type:  Frequency:  4. Type:  Frequency:

**Hobbies:**

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Date/Year of most recent PAP Test:

Date/Year of most recent Mammogram:

Date/Year of most recent FIT Test:

Date/Year of most recent Colonoscopy:

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- I provide Doctor Clinic Family Practice consent to access my PHARMANET history.  
 I provide Doctor Clinic Family Practice consent to access CARE CONNECT.  
 I consent to E-messaging.

## DOCTOR CLINIC FAMILY PRACTICE POLICY

### CONFIDENTIALITY:

I Agree

It is our responsibility to protect your personal information as a patient, which includes maintaining confidentiality. If an external institution, such as your dentist, lawyer, or any other body, requests medical information about you, we will require a consent form signed and dated by you before sharing any information.

However, in rare circumstances, we may be required to share information from your file with appropriate authorities. This may happen if there is a concern about your imminent safety or the safety or abuse of minors, dependents, vulnerable adults or the public.

### ZERO-TOLERANCE POLICY

I Agree

We have a strict policy against any form of disrespectful behavior, harassment, sexism, racism, homophobia, violence, and threats. We expect all of our staff and colleagues to be treated with the same level of respect that you would give to your doctor. Any acts of disrespect, harassment, threats, or violence towards our staff or other patients will not be tolerated. Such behavior will result in an immediate discontinuation of the therapeutic relationship and termination from the practice.

### CANCELLATION POLICY:

I Agree

To ensure a smooth scheduling process, we kindly request that all appointments be canceled at least 24 hours before the scheduled start time. Failure to comply with this policy may result in patients being subject to a no-show policy. On the other hand, if Doctor Clinic Family Practice is compelled to cancel an appointment for any reason, we will make every effort to reschedule your appointment as soon as possible.

### LATE POLICY:

I Agree

We understand that unforeseen circumstances may occur, which may cause you to be late for your appointment. If you think you might be late, please call the staff at least 10 minutes before your scheduled appointment to let them know. If you do arrive late, please be aware that there is no guarantee you will be able to see the doctor and you may need to reschedule your appointment. If you arrive more than 15 minutes late without giving appropriate notification, you will be subject to the no-show policy.

### NO SHOW POLICY:

I Agree

Your doctor may occasionally make exceptions to the no-show policy on a case-by-case basis. However, it is important to note that the policy is generally strictly enforced. If you happen to be subject to the no-show policy, as outlined in the Late and Cancellation Policy sections above, the following consequences will apply:

- You will be charged a no-show fee of **\$50**
- You will not be allowed to book an appointment for any reason until the no-show fee is paid in full

### DURING THE CONSULTATION:

I Agree

It is recommended that you inform your doctor at the beginning of the appointment about what you hope to achieve from the consultation, such as prescriptions, lab requisitions, referrals, etc. This allows the doctor to address the most important and urgent issues first. As each appointment is of a fixed duration, the doctor may not be able to address all of your concerns. Since medicine can be complicated, it is usually only possible to thoroughly address one issue per consultation. This ensures high-quality care and keeps the clinic running on schedule for other patients.

**PRESCRIPTION RENEWAL:**

I Agree

As a patient, it is your responsibility to arrange an appointment with your doctor at least 1-2 weeks before your medication runs out. Please do not ask your pharmacy to send refill requests via fax, as a doctor's appointment is necessary for this purpose.

**OVERSEAS INVESTIGATION:**

I Agree

It is mandatory for all medical investigations carried out abroad to be translated into English and properly documented by a qualified translator. However, it is expected that if patients receive medical treatment or investigations outside their home country, they should follow up with the physician who initiated the procedure within that country.

**LONG-TERM RELATIONSHIPS AND COORDINATION OF CARE:**

I Agree

Doctor Clinic Family Practice will be your primary care provider for all your health concerns, except for emergencies. If you frequently visit other walk-in clinics or use virtual care providers, you may be discharged from Doctor Clinic Family Practice. As a patient, you are required to name your family doctor at Doctor Clinic Family Practice. This will allow us to receive notes from other providers and ensure that your doctor can provide the appropriate follow-up care.

**ALTERNATIVE AND NATUROPATHIC MEDICINE:**

I Agree

Our physicians at Doctor Clinic Family Practice, practice evidence-based medicine following Canadian guidelines and respect your decision to complement your care with alternative and naturopathic medicine.

- We do not recommend or prescribe alternative medicines.
- Your naturopath will be responsible for ordering follow-up tests and making appropriate referrals based on their findings.

**UNINSURED SERVICES:**

I Agree

It's important to note that certain medical services are not covered by MSP, which means that patients may need to pay for them. This list is extensive and includes sick notes, forms, cosmetic procedures, medico-legal services, travel advice, and some driver's physicals, to name a few. If you need to fill out any forms, please inform the staff at the time of booking your appointment. You'll need to complete all the sections that are "to be filled out by the applicant." It's worth noting that not all forms can be filled out during the appointment, and some may require further time to complete. If necessary, some forms may also require the opinion of a specialist. The costs of these uninsured services are determined by the most up-to-date recommendations outlined by Doctors of BC.

**MEDICAL LEARNERS:**

I Agree

Doctor Clinic Family Practice is a teaching facility for UBC medical students, residents, international medical graduates, and nurse practitioner students. We kindly request that you consider participating in their learning experience if medical students are present. However, please note that this is entirely optional and not a requirement.

**LEAVE:**

I Agree

If your primary physician is unavailable, another doctor in the Doctor Clinic Family Practice office can provide medical care.

**COMMUNICATION AND PRIVACY:**

I Agree

When you receive healthcare services from your physicians and staff, you give your consent to communicate with them through telephone, email, and other electronic methods. However, you understand that these forms of communication are not completely secure and may contain sensitive personal health information.

You acknowledge that video or audio communication cannot replace the need for physical examination, or an in-person visit for some disorders or urgent conditions. In case of such conditions, you agree to seek urgent care at an Urgent Care or Emergency Department. Additionally, you allow your family doctor to obtain medical records from other allied healthcare providers and/or healthcare facilities. You also permit your family doctor to share information with other healthcare providers/facilities when necessary. You agree to allow your medical information to be accessed by your family doctor through Medinet, PharmaNet, and Care Connect, among other channels. Please note that audio and/or video recording by you and/or your caregivers in public spaces within the clinic, including the waiting room, is not allowed as it can breach the privacy and confidentiality of physicians, staff, and patients. If such a recording takes place, it may result in the termination of the therapeutic relationship.

Moreover, any audio and/or video recording by you and/or your caregivers of your family doctor and/or her staff in the patient exam room and/or virtual encounter (such as telephone appointment) without their permission and/or knowledge may lead to the breakdown of the therapeutic relationship and result in termination from the practice. If you record the patient encounter with your family doctor and/or her staff in the patient exam room and/or virtual encounter, please provide a copy of it to your family doctor/staff as part of the patient medical notes/records. However, you should understand that these modes of recording and communication are not completely secure, and there are risks for your medical information to be intercepted or disclosed without authorization.

**TERMINATION OF PHYSICIAN-PATIENT RELATIONSHIP:**

I Agree

Please be aware that discontinuation of the therapeutic relationship and termination of the physician-patient relationship may occur in the following situations but not limited to:

- Disrespect, harassment, threats, and/or violence as described above
- Audio and/or video recording without permission as described above
- Excessive use of outside walk-in clinics
- Routinely showing up late to appointments or missing appointments (even if no-show fees are paid)
- Significant breakdown in the physician-patient relationship, including irremediable differences in philosophy of care
- If the practice size is decreased or reduced for any reason

Please be advised that the list provided above is not comprehensive, and there may be additional circumstances that could lead to the termination of the physician-patient relationship, which are not included in the list. If you decide to end the physician-patient relationship for any reason after signing this document, please do so by providing a written notice. If you agree with Doctor Clinic Family Practice policy, please proceed with signing up or continue to remain on our patient list. If you do not, we appreciate your honesty and encourage you to find a suitable physician on the Doctors of BC website.

**By signing this document, you are declaring that you have read this document in its entirety and are willing to abide by the Code of Conduct and Practice Policies while enrolled as a patient of Doctor Clinic Family Practice.**

Signature:

Date: