

## Welcome to the Central Okanagan's Find a Family Doctor Program

### In order to use this program, you must:

- Be a resident within the Central Okanagan
- Not have a Family Doctor in the community.
- Have active or pending MSP coverage (Medical Services Plan – # 1-800-663-7100)

### How to register:

1. Please fill out the following form
2. **Do not email this form as email is not a secure way of transmitting medical information**
3. Please fax or mail this form to:

**Fax:** 1-888-722-1410

**Mail:** Central OK Division of Family Practice, PO Box 22029, Capri Centre PO, Kelowna, BC, V1Y 9N9

4. If you would like to register other family members, please do so on a separate form but provide their names below so we can try to attach you all to the same practice. We will ensure that parents and children will be attached to the same Family Doctor

### Matching to a family doctor:

- We will try our best to match you with a Family Doctor; however, please note that there is limited capacity in the Central Okanagan. You may be placed on a waitlist until a Family Doctor is available.
- This process is to attach people to a Family Doctor who currently don't have one. If we determine you already have a family doctor, we will not match you to a new one.

### Your Personal Information:

First Name		Middle Name		Last Name	
Date of Birth <small>DD/MM/YY</small>					
Address					
Home Phone Number		Cell Phone Number			
Email					

**Is there a preferred community in which you would like to be attached to a family doctor (If available)? :**

- Peachland
- West Kelowna
- Kelowna
- Lake Country

### Matching as a Family

To register other family members,

1. Complete a separate form for each family member.
2. Provide their names below so we can try to attach you all to the same practice. We will ensure that parents and children will be attached to the same Family Doctor.

**Are you expecting to be attached with other family members?**

- Yes
- No

**Please state the name, age and relation of additional family members:**

Name	Age	Relationship to you	Already have a Family Doctor?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

### Previous Family Doctor History

**Do you have a MSP number?**

- Yes
- No

**If No, have you applied?**

- Yes
- No (If you have recently moved to the Province of British Columbia, please apply now by calling: 1-800-663-7100)

**Have you previously had a Family Doctor before?**

Yes

No

**If Yes, please state Doctor's name:**

**Please provide the city and province of practice:**

**Have you previously been to a walk-in clinic or Emergency Department (ED) in the Central Okanagan within the past 12 months?**

Yes

No

**If yes, what was the name of the clinic/ED and (if you remember) the Doctor that you saw:**

**When did you visit the walk-in clinic/ED?**

## Your Medical File

To create your medical file at your new Doctor's clinic, answer the following questions to the best of your ability. Please be as accurate and brief as possible.

**1. List all the names of medications you are presently taking (Not including supplements):**

**2. Do you have any allergies to medications?**

**3. Current/Active major medical conditions:**

**4. Past Medical History:**

**5. Past Surgical History:**

### **Additional Information**

**Is there anything else that you'd like to share with us? (100 words or less)**

**How did you find out about the "Find a Doctor" program?**

Word of Mouth

Advertisement

Newspaper Article

Walk-in Clinic

Kelowna General Hospital ER

Website

Other

**The form is now completed. Please print, then fax or mail to the addresses listed on page 1.**

**Privacy:**

- The personal information you provide to our program will be used for the purpose of finding you a Family Doctor and is in compliance with the BC Personal Information Protection Act, which is subject to the independent oversight of the British Columbia Information and Privacy Commissioner. All information that you share will be kept confidential, and only shared with the family physician's clinic once you are matched.
- **Do not email this form as email is not a secure way of transmitting medical information.**