**Please note that by completing and submitting this information about your practice you are consenting to Pathways posting this information on the Pathways website for use by physicians, other authorized healthcare providers and their staff. Pathways physician information is not accessible to the public. To be eligible to use the Pathways Referral Tracker, physicians must be listed in Pathways.**

**[ ]  GP with community practice** **[ ]  Only doing locums** **[ ]  Hospitalist** **[ ]  Working only in clinic(s)**

**MSP # :**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:**  | **Name you go by (if different):**  | **Last Name:**  | [ ]  **Male**[ ]  **Female** |

# Office / Contact Information

|  |  |  |
| --- | --- | --- |
| **Location 1** |  | **Location 2** (if applicable) |
| Street Address: |            |            |
| City: |            |            |
| Postal Code: |            |            |
|  Office Phone #: |            |            |
|  Office Fax #: |            |            |
|  Practice Status: | [ ]  Public (MSP) [ ]  Private Pay | [ ]  Public (MSP) [ ]  Private Pay |
|  Phone line hours: |            |            |

# Status: (Please check all that apply)

|  |  |
| --- | --- |
| [ ] Not accepting any new patients[ ] Open practice accepting new patients for ongoing care[ ] Limited open practice, accepting new patients for ongoing care with the following limitations: [ ]  limited number of patients  [ ]  limited by geographic location of patient \*\*Please explain limitation:­­­­­­­­­­                    [ ] Accepting new residential care patients (Please list which nursing homes:)                     [ ]  **Accepting referral** consultation requests from colleagues to assess their patients for specific services or procedures (e.g. sports med, primary care OB, palliative, addictions etc) (\*if yes, we will follow-up for further details) | [ ]  Accepting referrals for consultation through a clinic or hospital (other than your office practice) e.g. maternity clinic (Please list which clinic(s)/hospital)                                 [ ]  Do you provide any TeleHealth Services? (if yes, we will follow up for further details)[ ]  Not currently practicing: Please specify reason. “on leave, retired, etc.”)­­­­­­­­­­­­­­­­­­­­­               Return to work date known?                 |

# Office Private Line (back line) for Physician Contact Only:

|  |  |
| --- | --- |
| **Office Email Address**  |  |
| [ ]  Private (for physician office use only) | [ ]  Public (ok for patient use to contact your office)                     |
| **Public Website (for patient use):** |

# Senior MOA Contact Information (For our follow up call only – will never be publicly displayed)

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **Email Address** |
|  |  |  |