

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 24059 RPO Towne Centre,
 Kelowna, BC, V1Y 9H2

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.**