

# 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/YYYY</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

**If you chose Kelowna as a preferred community in which area of town, would you like to be attached to a family doctor (If available)?**

- Central
- Downtown
- Mission
- Glenmore
- Rutland

**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?	
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No

**Previous Family Doctor History**

**Please choose one of the following that appropriately describes you:**

- N/A
- I am trying to get pregnant
- I am pregnant and seeing an OBGYN
- I am pregnant but not seeing an OBGYN yet
- I have given birth

**If you are pregnant or recently given birth, please provide the baby's date of birth/due date:**

(MM/DD/YYYY)

**Do you have any children under the age of 10 years old in your family?**

- Yes
- No

**If yes, please tell us how many children you have under the age of 10 and their ages.**

**Do you have a Patient Health 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 enter your Family Doctor's name, city and province of practice:**

**First Name**

**Last Name**

**City**

**Province**

**If you have had a family doctor before, when did you last see that doctor?**

- within the last month
- within the last year
- within the last 2-3 years
- longer than 3-5 years
- I can't remember

**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
- Central Okanagan Division Website
- Kelowna Urgent and Primary Care Centre
- West Kelowna Urgent and Primary Care Centre
- 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.**