

LONG TERM CARE INITIATIVE (LTCI) MRP TRANSFER OF CARE

Date :
M M D D Y Y Y Y

LTC Home:

Patient's First Name:

LTC Home Fax:

Patient's Last Name:

Dear Dr. ,
(Current Provider)

The patient above has been accepted into care at our Long-Term Care Home. **Please select one of the following options and fax form to our LTC Home:**

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Please transfer care of this patient to one of your LTC Home physicians

1. Please note that you will continue to be MRP during the admission process and will be notified when the transfer to new MRP is complete.
2. Upon completion of the MRP transfer, kindly ensure that any subsequent medical records pertaining to this patient are faxed to our LTC Home. This will help ensure that the new MRP remains informed and up-to-date regarding the patient's medical information.

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I will continue to care for this patient at the LTC Home

1. By continuing care of my patient at the above LTC Home, I agree with providing/working towards providing the FPSC 5 Best Practices:
 - a. 24/7 availability and on-site attendance when required
 - b. Proactive patient visits (at least quarterly)
 - c. Meaningful medication reviews (at least every 6 months)
 - d. Complete documentation
 - e. Attendance at case conferences (at least yearly)
2. Please note that if you select this option, you will be contacted by the Nanaimo Division of Family Practice.

X

Signature of Current MRP

Current Clinic of Practice:

Date:
M M D D Y Y Y Y

LTC HOME TO COMPLETE AND RETURN TO THE NANAIMO DIVISION OF FAMILY PRACTICE

MRP onwards:

New MRP Start Date (if applicable):
M M D D Y Y Y Y

Nanaimo
Division of Family Practice
an FPSC initiative



Please scan/fax completed form to Nanaimo Division of Family Practice
F: (250) 591-1205