



(Facility Logo)

Date _____

Dear _____

(Current Provider)

Cc _____

RE: Long Term Care Initiative (LTCI)
MRP Transfer of Care

The following resident, _____, has been accepted into care at **FACILITY NAME**. Please select one (1) option below with your preference for the continuing care of this patient.

- Please transfer care of this patient to one of your facility physicians.
 - ❖ Please note that you will continue to be MRP during the admission process and will be notified when transfer to new MRP is complete.

- I will continue to care for this patient at the facility. *

**By continuing care of my patient at the above facility, I agree with providing/ working towards providing the GPSC 5 Best Practices...*

- ❖ *Proactive visits at least quarterly*
- ❖ *Consistent, timely response to facility concerns during office hours*
- ❖ *Attending yearly patient care conference (in person or via phone/videoconference)*
- ❖ *Attending twice yearly medication reviews (in person or via phone/videoconference)*
- ❖ *Completing proper chart documentation (progress notes, admission Hx/CPx, updated MOST)*

X

Current MRP
Current Clinic of Practice

Thank you for your time and consideration.

Please fill out and return to **FACILITY NAME**

Email: **FACILITY EMAIL CONTACT** | Fax: **FACILITY FAX NUMBER**

***FACILITY TO COMPLETE AND RETURN TO THE NANAIMO DIVISION**

MRP onward: _____

New MRP Start date (if applicable): _____

Please scan/fax completed form to Nanaimo Division of Family Practice
E: sharedcare.nanaimo@divisionsbc.ca | F: 250-591-1205

FACILITY USE ONLY