



(Facility Logo)

Date _____

Dear _____

(MRP Name)

At _____

(Clinic Name)

RE: Residential Care Initiative (RCI)
MRP Transfer of Care

The following patient (Resident Name) has been accepted into care at Nanaimo Senior’s Village. Please select one (1) option below with your preference for the continuing care of this patient.

- I will continue to care for this patient at the facility. *
- Please transfer care of this patient to one of your facility physicians. **

****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*
- ❖ *Attending annual patient care conference (in person or via phone/videoconference)*
- ❖ *Attending bi-annual medication reviews (in person or via phone/videoconference)*
- ❖ *Completing proper chart documentation (progress notes, admission Hx/CPx, updated MOST)*

***** Please note that you will remain MRP until the facility physician visits the patient (at the next scheduled visit or within 2 weeks, whichever is earlier). You will be notified by fax once the transfer is complete.***

Current MRP _____

Date: _____

Thank you for your time and consideration.

Please fill out and return to **NANAIMO SENIORS VILLAGE**
by email lmvcicar@retirementconcepts.com or fax **250 585 7001**

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

MRP from admission onward: _____
Admission date: _____

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

FACILITY USE ONLY