**Purpose:** To document the stories of significant impact FROM THE PERSPECTIVE of the local A GP for Me project team (including: chapter leads and providers involved in pilot programs). Where appropriate, the evaluation and/or communications team will follow-up on these stories to get the first-person perspective.

|  |  |
| --- | --- |
| Your Name and Project Role |  |
| Date |  |
| A GP for Me Strategy |  |

**A GP for Me has made a difference for:**

□ Health Care Provider – circle: Physician Allied health Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Patient

□ Partner – circle: Community Organisation Health Authority Business

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How has A GP for Me made a meaningful difference for this person or group?**

If you have obtained **verbal consent** for the evaluator to follow-up with this person, please provide their name and contact information here:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_