

Pathways Listing Specialty: Family Practice

Please note that by completing and submitting this information about your practice you are consenting to Pathways posting this information on the Pathways website for use by physicians, other authorized healthcare providers and their staff. Pathways physician information is not accessible to the public. To be eligible to use the Pathways Referral Tracker, physicians must be listed in Pathways.

GP with community practice Only doing locums Hospitalist Working only in clinic(s)

MSP # :

First Name:	Name you go by (if different):	Last Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Office / Contact Information

Location 1	Location 2 (if applicable)	
Street Address:		
City:		
Postal Code:		
Office Phone #:		
Office Fax #:		
Practice Status:	<input type="checkbox"/> Public (MSP) <input type="checkbox"/> Private Pay	<input type="checkbox"/> Public (MSP) <input type="checkbox"/> Private Pay

Status: (Please check all that apply)

<input type="checkbox"/> Not accepting any new patients <input type="checkbox"/> Open practice accepting new patients for ongoing care <input type="checkbox"/> Limited open practice, accepting new patients for ongoing care with the following limitations: <input type="checkbox"/> limited number of patients <input type="checkbox"/> limited by geographic location of patient <input type="checkbox"/> Accepting new residential care patients (Please list which nursing homes:) <input type="checkbox"/> Accepting referral consultation requests from colleagues to assess their patients for specific services or procedures (e.g. sports med, primary care OB, palliative, addictions etc) (*if yes, we will follow-up for further details)	<input type="checkbox"/> Accepting referrals for consultation through a clinic or hospital (other than your office practice) e.g. maternity clinic (Please list which clinic(s)/hospital) <input type="checkbox"/> Do you provide any TeleHealth Services? (if yes, we will follow up for further details) <input type="checkbox"/> Not currently practicing: Please specify reason. "on leave, retired, etc." Return to work date known?
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Office Private Line (back line) for Physician Contact Only:

Office Email Address	
<input type="checkbox"/> Private (for physician office use only)	<input type="checkbox"/> Public (ok for patient use to contact your office)
Public Website (for patient use):	

Senior MOA Contact Information (For our follow up call only – will never be publicly displayed)

Name	Phone Number	Email Address

If you received this form at an event - Please return this form to the Division Admin Staff at the event.
 If you received this form by fax - Please return to the Pathways administrator at: nanaimo@pathwaysbc.ca