

## Questionnaire (Please type into this form)

### Clinic Details

Clinic Name:

Clinic Address:

Clinic Hours:

### Practice Needs

Are you looking for a full or part-time physician?

F/T

P/T

Either

Does your clinic see walk-in patients?

No

Yes

Any special language requirements? No Yes, please specify

Any special services at your clinic? No Yes, please specify

Are medical procedures performed in your clinic? No Yes, please specify

Which EMR is used in your clinic? Paper Charts

Does your clinic offer: Virtual Appointments Secure Messaging Online Booking

Any areas of special interest in your clinic? (ie. Sports Med, geriatrics, obstetrics) No Yes, please specify:

Would you like the physician to:

(Please check all that apply)

Take on new patients

Bring their own panel

Take over an existing panel

Locum coverage for absences is the responsibility of:

The clinic

The physician

### The Clinic Team

What team members are in your clinic?

MOA

Receptionist

RN/LPN

Nurse Practitioner

Health Management Nurse

Pharmacist

Behavioural Health Consultant

Panel Manager

Other: (please specify)

Other (comments):

Clinic contact person for physician to contact:

Phone:

Email:

Additional comments: