Primary Care Network
CALGARY FOOTHILLS

Clinic Seeking Physician

Questionnaire (Please print legibly or type into this form)

Logistics

Clinic Name:

Clinic Address:

Clinic Hours:

Practice Operations

Are you looking for a full or part-time physician?	F/T	P/T
Do you have a walk-ins?	Yes	No

Services

Do you offer any special services at your clinic? If yes, what ones?	Yes	No
Are medical procedures performed in your clinic?	Yes	No

Daily Practice

What are your clinic appointment times?

Do you use an EMR? If so, which one? __________________	Yes	No

Physician Preference/Practice Style

Any special language requirements? (please state if so)

Are there areas of special interest in your clinic? (such as sports med, geriatrics, obstetrics)

The team

What type of staff and allied health professionals do you have in your clinic?

MOA	Yes	No	HMN	Yes	No
Receptionist	Yes	No	Dietitian	Yes	No
RN/LPN	Yes	No	Respiratory Educator	Yes	No
BHC	Yes	No	Other: (please state)		

Vacation

Do you have locum coverage or does the physician find his/her own locum?

Other (comments):

Patient Panel

Would you like the physician to take on new patients?	Yes	No
Would you like the physician to come to your clinic with a full panel?	Yes	No

Clinic contact person for physician to contact: ____

Phone: ______________________________ Email: ______________________________

Additional comments:

Fax or email this form to Sue Cavanagh: FAX: 403.284.9518 Email: sue.cavanagh@cfpcn.ca