

Physician Seeking Locum Position

Questionnaire (please type into this form)

Logistics and Practice Operations			
Name:	Phone number:		
Email:			
What is your availability? (Please specify start date and specific dates if applicable): _____			
Are you looking for a clinic that has access to a health team?	Yes	No	No preference
Do you want to join a clinic where physicians cover each other's patients?	Yes	No	No preference
What type of support staff do you require (nurse, medical office assistant, receptionist, etc.)			
Practice Style			
Expected patient volume (patients per day):			
Patient Panel			
Are you willing to see walk-ins as well as practice patients?	Yes	No	

The Calgary Foothills PCN will use your information to assist you in finding a suitable clinic.

I would like this form posted on www.cfpcn.ca for public viewing

Send form to Sue Cavanagh's attention (email: sue.cavanagh@cfpcn.ca, fax: 403-284-9518)