

Physician Wanting to Join a Practice

Questionnaire (please type into this form)

Logistics and Practice Operations			
Name:		Phone number:	
Email:			
What type of opportunity are you looking for?			
To join a new practice		A part-time position	
To move my practice		A full-time position	
When would you like to start?			
Do you prefer EMRs or paper charts?		EMR	Paper
No preference			
If EMR, what type? Type of EMR:			
Practice Style			
Do you favour a specific type of medicine, such as geriatrics or obstetrics and gynaecology?			
Patient Panel			
Would you like to take on new 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)