

Questionnaire (Please print legibly or type into this form)

Logistics

Clinic Name: Thornccliffe Medical Centre

Clinic Address: 5618-4 St NW Calgary

Clinic Hours: _____

Dates Locum Required: December 20-21-26-27-28

Comments: Contact Sue Lavergne for more information

Practice Operations

Does this clinic have a walk-in component?

Yes

No

Daily Practice

Do you use EMR? Which one? Wolf

Yes

No

Physician Preference/Practice Style

Language any special requirements?

Yes

No

Patient Panel

How many patients will the locum see per/day? 25-30

Clinic contact person: _____

Phone: 403-295-7666

Email: suelavergne@shaw.ca

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