

Questionnaire (Please print legibly or type into this form)			
Logistics			
Clinic Name: <u>Sunset Ridge Medical Clinic</u>			
Clinic Address: <u>9113, 101 Sunset Drive Cochrane</u>			
Clinic Hours: <u>9am-5pm Monday -Friday</u>			
Practice Operations			
Are you looking for a full or part-time physician?	<input checked="" type="checkbox"/> F/T	<input checked="" type="checkbox"/> P/T	
Do you have a walk-ins?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Services			
Do you offer any special services at your clinic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what ones?			
Are medical procedures performed in your clinic?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Daily Practice			
What are your clinic appointment times?	<u>9 am -5pm</u>		
Do you use an EMR? If so, which one?	<u>Medaccess</u>	<input checked="" type="radio"/> Yes	<input type="radio"/> 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	<input checked="" type="radio"/> Yes <input type="radio"/> No	HMN	<input type="radio"/> Yes <input type="radio"/> No
Receptionist	<input checked="" type="radio"/> Yes <input type="radio"/> No	Pharmacist	<input type="radio"/> Yes <input type="radio"/> No
RN/LPN	<input type="radio"/> Yes <input type="radio"/> No	Other: (please state)	
BHC	<input type="radio"/> Yes <input type="radio"/> No		
Vacation			
Do you have locum coverage or does the physician find his/her own locum?			
<small>Physicians cross cover if locum isn't available for the period of absence.</small>			
Other (comments):			
Patient Panel			
Would you like the physician to take on new patients?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Would you like the physician to come to your clinic with a full panel?	<input type="radio"/> Yes	<input type="radio"/> No	
Clinic contact person for physician to contact: <u>Kemi Adeuja</u>			
Phone: <u>4038400120</u>		Email: <u>clinicmanager@sunsetridgemedical.ca</u>	
Additional comments:			