

Questionnaire (Please print legibly or type into this form)			
Logistics			
Clinic Name: Varsity Medical & Wellness			
Clinic Address: #230, 8 Varsity Estates Cir NW			
Clinic Hours: 8:30AM to 4:30PM			
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 checked="" type="radio"/> Yes	<input type="radio"/> No	
Services			
Do you offer any special services at your clinic?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
If yes, what ones? Phlebotomy Lab exclusive to our patients			
Are medical procedures performed in your clinic?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Daily Practice			
What are your clinic appointment times? Will work with physician to determine			
Do you use an EMR? If so, which one?	MedAccess	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Physician Preference/Practice Style			
Any special language requirements? (please state if so) English other languages a bonus			
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 type="radio"/> Yes <input type="radio"/> No	Pharmacist	<input checked="" type="radio"/> Yes <input type="radio"/> No
RN/LPN	<input checked="" type="radio"/> Yes <input type="radio"/> No	Other: (please state)	Phlebotomist
BHC	<input type="radio"/> Yes <input type="radio"/> No		
Vacation			
Do you have locum coverage or does the physician find his/her own locum? We typically work together for suitable coverage.			
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 checked="" type="radio"/> Yes	<input type="radio"/> No	
Anthony Andreopoulos			
Clinic contact person for physician to contact: _____			
Phone: 403.861.0027		Email: anthony@varsitymedical.ca	
Additional comments:			