

Questionnaire (Please print legibly or type into this form)			
Logistics			
Clinic Name: Sunalta Medical Clinic			
Clinic Address: 210 1506 11 Ave SW Calgary			
Clinic Hours: 8:30AM to 5:00PM Monday to Friday (other hours are being considered)			
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 checked="" type="checkbox"/> No
Services			
Do you offer any special services at your clinic? If yes, what ones? Lumps and Bumps		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are medical procedures performed in your clinic?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Daily Practice			
What are your clinic appointment times? 8:30AM -5:00PM			
Do you use an EMR? If so, which one? Med Access		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No	HMN	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receptionist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pharmacist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RN/LPN	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other: (please state)	
BHC	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vacation			
Do you have locum coverage or does the physician find his/her own locum? Not yet but something we are looking into			
Other (comments):			
Patient Panel			
Would you like the physician to take on new patients?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like the physician to come to your clinic with a full panel?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Clinic contact person for physician to contact: Isabella. Woodridge			
Phone: 403-333-5620		Email: Isabella@sunaltamedical.ca	
Additional comments:			