Primary Care Network
CALGARY FOOTHILLS

Clinic Seeking Locum

Questionnaire (Please print legibly or type into this form)

Logistics

Clinic Name:

Clinic Address:

Clinic Hours:

Dates Locum Required: ____

Comments: ____

Practice Operations

Does this clinic have a walk-in component? Yes No

Daily Practice

Do you use EMR? Which one? Yes No

Physician Preference/Practice Style

Language any special requirements? Yes No

Patient Panel

How many patients will the locum see per/day?

Clinic contact person: ____

Phone: ______________________________ Email: ____

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

Updated August 28, 2013