

Questionnaire (Please print legibly or type into this form)	
Logistics	
Clinic Name: Oasis Health System Ltd	
Clinic Address: 102 100 Grand Blvd Cochrane Alberta T4C 0S4	
Clinic Hours: 8 am to 4 pm	
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? Foot Clinic; Acupuncture; Massage	
Are medical procedures performed in your clinic?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Daily Practice	
What are your clinic appointment times? 8 am to 4 pm	
Do you use an EMR? If so, which one? <u>Accuro</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) Family physician Pediatrician internist	
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? Doctors may cover for each other during vacation	
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 checked="" type="radio"/> No
Clinic contact person for physician to contact: Helen Tian	
Phone: 4036155061 Email: oasishealth@oasishealthsystem.com	
Additional comments: We have two or more doctors leaving clinic and there are going to have patients for new doctors.	