

## Murrayville Family Practice Group

The Murrayville Family Practice Group is an inter-professional team-based Patient Medical Home (PMH) type practice comprised of family physicians, nurse practitioners, nurses and medical office assistants (MOA).

It is our mission to provide care that is of exceptional quality, that is timely and that is appropriately person centered and family supported.

Please complete the New Patient Questionnaire included below this document and email to [moa@mfpfg.ca](mailto:moa@mfpfg.ca). Once received, we will then call you to book your initial appointment where we will review your medical and family health history. If you take medications and supplements, please note this on your questionnaire.

We provide care across the age continuum, from birth to end of life and have comprehensive programs to provide for everyone's unique needs, from infant and child development and immunization to supporting frail and medically complex adults. We will work with you to develop a plan for your appropriate preventative health needs, including age appropriate screening.

While each patient is "attached" to a primary care provider (physician or nurse practitioner), there are times when it may be more appropriate, because of the nature or urgency of your health problem, to see another practitioner in the office for that issue / visit. The advantages of this team-based approach is more timely and comprehensive care as well as improved continuity in your healthcare.

We encourage you to access care at our office whenever possible and avoid the use of walk in clinics. If you must use one, insist they forward copies of the visit and any investigations to our office. Not all clinics automatically do so. Our office is uniquely funded by the Ministry of Health to provide for the primary care needs for you and your family and as such visits to walk in clinics are paid for by our office. We endeavor to provide care on a time appropriate basis. This includes care for unscheduled or unanticipated health problems. For a further information on this funding model please refer to our website. [www.murrayvillefamilypractice.ca](http://www.murrayvillefamilypractice.ca)

We provide online access (Accession) so that you can renew prescriptions, review test results and book regular appointments. *Please note: online booking currently suspended during Covid-19.*

Please ask at reception to sign up or go online at: [www.murrayvillefamilypractice.ca](http://www.murrayvillefamilypractice.ca) for details to apply.

Prescriptions can also be renewed directly through your pharmacy. Please ask them to fax your refill request to our office. These will be reviewed by our clinicians and generally dealt with within 3-4 business days. In certain situations, you will be requested to attend a follow-up appointment in the office before or in conjunction with the refill being issued.

Medication plays a crucial role in recovery from illness and in staying well, and we believe that you, the patient, have a role to play in adherence to medication regimens, which is why we typically will provide a year's renewal of medicine (exception include narcotics, hypnotics, anxiolytics and certain other high-risk medicines). Certain intervals for lab work or office visits will be communicated as appropriate.

Note that our office does have a 24-hour Cancellation Policy. In the event we are not notified charges may apply. Our appointment cancellation line can be accessed 24/7 at 604-533-1140.

Please read page 2 of this letter regarding our clinic's use of PharmaNet as a part of your medical care.

Together we strive to provide excellence in healthcare.

## **Pharmanet Access for MFPG**

For your information:

PharmaNet is the secure network created to link community pharmacies and MDs and NPs throughout the province.

Given to the incredibly complex nature of medicine and the reality that most people have more than one health care provider prescribing for them we as your Health Care provider must be able to access your current medication profile in order to protect you from potentially dangerous medication interactions and duplications.

Only authorized staff have access to your health record including the medication profile.

We want you to know that as a patient of Murrayville Family Practice Group we consider that we have your implied consent to accessing PharmaNet.

Please speak to your Primary Care Provider if you have any concerns.

## MURRAYVILLE FAMILY PRACTICE GROUP | new patient questionnaire

*The purpose of this questionnaire is to ensure that your electronic medical record contains complete and up to date information so we can provide you with optimal comprehensive care.  
All information provided here will be kept strictly confidential.*

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  female  male  other  
BC Health Care Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address: \_\_\_\_\_  
When appropriate, I agree to be contacted by:  EMAIL AND / OR  TEXT  
Alternate contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Previous family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Referred to our clinic by: \_\_\_\_\_  
Pharmacy of choice (name and location): \_\_\_\_\_  
Which LifeLabs or hospital do you go to for blood work? \_\_\_\_\_

## SOCIAL HISTORY

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 common law  divorced  married  never married  separated  widowed  
Children: \_\_\_\_\_ Names (age): \_\_\_\_\_  
\_\_\_\_\_  
Religion: \_\_\_\_\_

Do you have a history of drug or alcohol abuse?  yes  no  
Do you use recreational drugs?  yes  no If yes, how often? \_\_\_\_\_  
Do you drink alcohol?  yes  no If yes, how many drinks per week? \_\_\_\_\_  
Do you smoke or vape?  yes  no How many cigarettes per day? \_\_\_\_\_  
Have you ever smoked?  yes  no If yes, when did you quit? \_\_\_\_\_

## MEDICAL HISTORY

Have you ever suffered from any of the following health conditions?

	YES	NO	PLEASE PROVIDE DETAILS:
diabetes			
heart disease			
high blood pressure / hypertension			
stroke			
asthma			
COPD / other respiratory			
food or seasonal allergies			
gallstones			
arthritis / joint pain			
kidney / urinary			
liver disease			
sleep (apnea, snoring, insomnia)			
stomach ulcer			
heartburn / reflux			
neurological			
anemia			
blood clots			
thyroid			
cancer			
depression or anxiety			
other psychiatric illness			
emergency room visit in past year			
hospital admission in past year			

List any significant medical problems that have not been mentioned above:

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List any surgeries you have had and the year they occurred:

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List any diagnostic imaging (eg x-rays, MRI, CT, ultrasound) and the year they occurred:

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## PREVENTION AND WELLNESS

How would you rate your diet?  excellent  good  poor

How would you rate your activity level?  excellent  good  poor

What do you do for exercise? \_\_\_\_\_

Do you have any personal health goals? \_\_\_\_\_

Please list any health screening tests or recommended immunizations you have received:

(age)		YES	NO	APPROXIMATE DATE
	childhood immunizations up to date			
	annual flu shot			
(50-74)	FIT stool test for colon cancer (every 2 years)			
	<b>OR</b> colonoscopy (every 10 years)			
(>50)	shingles shot			
(>65)	pneumonia shot			
(>65)	last bone density test			
	last tetanus shot (every 10 years)			
<b>women only</b>				
(25-69)	last pap test (every 3 years)			
(50-74)	last mammogram (every 2-3 years)			

## FAMILY MEDICAL HISTORY

*Please indicate if any family members have significant health problems.  
Please include diabetes, heart disease, stroke, and cancer (specify what type).*

Adopted  yes  no

Mother  alive  deceased Health history: \_\_\_\_\_

Father  alive  deceased Health history: \_\_\_\_\_

### **Maternal**

Grandfather  alive  deceased Health history: \_\_\_\_\_

Grandmother  alive  deceased Health history: \_\_\_\_\_

### **Paternal**

Grandfather  alive  deceased Health history: \_\_\_\_\_

Grandmother  alive  deceased Health history: \_\_\_\_\_

Other relatives? \_\_\_\_\_

## MEDICATIONS

List your prescription medications (or attach a list):

<i>PRESCRIPTION NAME</i>	<i>STRENGTH</i>	<i>FREQUENCY TAKEN</i>

List your non-prescription medications (over the counters, vitamins, herbals etc):


List details of allergies or side effects to medications:

<i>MEDICATION</i>	<i>REACTION YOU HAD</i>