



The Murrayville Family Practice Group and Willoughby 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). We work as one family practice with two locations. This means your provider may see you at either location depending on where they are working that day.

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 note, we are accepting new patients who do not currently have a family physician in the area. Please complete the New Patient Questionnaire which is included below this document and email to moa@mfgp.ca or if you do not wish to email your questionnaire, you may drop it off at either location. Once received, we will email (or call) you with more information. Shannon who works remotely for our office will call 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

We provide a patient portal with online access (Accession) so that you can refill your prescriptions, review test results and book appointments. *Please note: ONLINE BOOKING IS ONLY FOR PHONE APPOINTMENTS AT THIS TIME.* Please ask at reception to sign up or go online at: 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:

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

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

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>