

Patient Application for Primary Care Provider

Eagle Creek Medical Clinic · Western Communities Primary Care Network (PCN)

We are accepting applications for patients (who are not in Long Term Care) to join various primary care practices over the coming 12 months. **Track B applications are now closed.** Each individual (even within a family) must complete a separate form. Patients will not be told their position on the waitlist. **Meet and greet bookings will take place between January and December 2021.** Patients will only be called **twice** and then removed from our waitlist.

Name: _____

Family surname (if applicable): _____

**Family means broadly any individuals who live at the same residence, for any reason.*

Address: _____

Date of Birth: _____ Age: _____

Phone Number(s): _____

Personal Health Number (on back of Driver's License) _____

1. Do you have regular Family Doctor or Nurse Practitioner? Yes No
2. If yes, will your Family Doctor or Nurse Practitioner *likely* be leaving practice within 6 months?
 Yes No Not applicable
3. Do you live in Greater Victoria? Yes No
4. Are you (**must now answer YES to one of the following**)?
 - Over the age of 70: Yes No
 - Medically Frail (e.g., need help with dressing, eating, toileting, etc...): Yes No
 - Complex Care (must **circle two** of: Diabetes, Kidney Disease, Respiratory Disease (e.g., asthma, COPD, chronic bronchitis), Ischemic Heart Disease (e.g., bypass surgery, cardiac stents), Heart Failure, Liver Disease (e.g., Fatty Liver, cirrhosis), Cerebrovascular Disease (e.g., stroke, but not a "TIA" or epilepsy), Neurodegenerative Disease (e.g., dementia, MS, Parkinson's disease):
 Yes No



Unless you answered **yes** to one of the above three questions, then you no longer qualify at this time. Please do not submit an application as it will be ineligible and **not reviewed**.

Office Use

Date received: _____ Date patient notified: _____

Office notes: _____

A partnership of:



January 2021