
Eagle Creek Medical Clinic

#120 – 27 Helmcken Road, Victoria, BC

Welcome to Eagle Creek Medical Clinic! You have either been assigned to be taken on by one of our Nurse Practitioners or Family Doctors.

What is a Nurse Practitioner? A Nurse Practitioner (NP) is an Advanced Practice Nurse who previously worked as a Registered Nurse for a number of years and then completed a graduate level degree in order to be able to provide primary care services, which include assessing your health concerns, diagnosing conditions, ordering/interpreting diagnostic studies, writing prescriptions, referring to specialists and more.

At Eagle Creek Medical Clinic, we believe in the importance of team work in order to provide comprehensive healthcare, therefore we may involve a Registered Nurse, Andrea, in your care.

Due to COVID-19, we try to decrease in-person appointments to only when necessary. This is decided on a case-by-case basis. We also offer phone and/or video (ask us about doxyme!) appointments. It is important to note the limitations of virtual health, particularly if we are not able to conduct a physical assessment or check your vital signs. In these instances, we will ask that you come in for an in-person appointment. We also recommend using your own phone or computer (ex. not a work device) and being in a private space during your appointment in order to optimize confidentiality.

We kindly ask that you limit health concerns to one per appointment to allow adequate time to thoroughly assess what is going on and to come up with a plan of care with you.

After completion of the Meet and Greet appointment – if both you and the Doctor/NP confirm a mutual fit – the Doctor/NP will commence care as your primary care provider. We want to help you reach your goals of health and make sure you are up to date on recommended screening guidelines based on evidence-based practice in order to prevent illness and promote health. It will ultimately be up to you to ensure you attend appointments and follow up after diagnostic tests are done. We will attempt to get in touch up to a maximum of two times if needed. There may also be a No-Show fee if you do not show up for booked appointments. Not showing up 2 times without warning may also result in removal from the Doctor/NP list as there are currently a large wait list of patients waiting to find a primary care provider. Please note that verbal threats or acts of violence will not be tolerated. **We are unable to accept care for you if you already have a family doctor/NP elsewhere.**

Please fill out the required Intake Form as it will help prepare the Doctor/NP for the Meet and Greet appointment. You can either drop it off at the clinic, or fax it to 778-265-3169 prior to your appointment.

Thank you,

The Primary Care Network team at Eagle Creek Medical Clinic

PATIENT INTAKE FORM

FAMILY DOCTORS: Dr. Mohamed Elnagmy or Dr. Naweed Ahmed

NURSE PRACTITIONERS: Rene Korchinski or Courtney Ellis

Patient Name: _____ . Phone: _____ .

Date of Birth: _____ . PHN: _____ .

1. **Past Medical History:** *(ex. high blood pressure, diabetes, thyroid condition, asthma, cancer, depression, anxiety, COPD, heartburn, high cholesterol etc.)*

Surgeries and/or hospitalizations:

2. **Allergies (food, environment, medications):** *Please indicate reaction.*

3. **Medications (prescription, over-the-counter, supplements, herbs):** *Please indicate dose, frequency, and how long you have been taking it.*

Which pharmacy do you use? (name, location) _____

4. **Family history:** *Please indicate any medical conditions in your family members, if indicated:*

Mother _____

Father _____

Siblings _____

Maternal Grandmother _____

Maternal Grandfather _____

Paternal Grandmother _____

Paternal Grandfather _____

Aunts & Uncles _____

5. Social:

- How do you spend your days? (work, school, retired) _____
- Do you identify as male/female/non-binary? _____
- Who do you live with? _____
- Do you exercise? **Yes/No** What / how often _____
- Do you follow a certain diet? (vegan, vegetarian, keto, etc) _____
- Do you drink alcohol? **Yes/No** How many drinks per day/week/month? _____
- Do you smoke cigarettes/tobacco products/e-cigarettes? **Yes/No**
If yes, how many packs per day? _____
Did you previously smoke? When did you quit? _____
- Do you use cannabis or any other drugs? **Yes/No** How much / how often? _____
- How would you rate your overall stress level on a scale of 0 to 5?
No stress 0 1 2 3 4 5 Extremely stressed

6. Immunizations: Please indicate approximate date of administration

- Did you have childhood immunizations? _____
- > 50 years old: Shingles vaccine? _____
- > 65 years old: Prevnar 13? _____ Pneumovax? _____
- Tetanus, diphtheria and whooping cough, adult booster? _____

7. Screening: If known, when was your last of the following tests:

- FIT/Colonoscopy _____
- Blood work (such as diabetes screen, cholesterol, iron studies, etc.) _____
- Bone Density Scan (if applicable) _____
- Last dentist appointment _____
- Last optometrist appointment _____
- **If male:** Prostate exam, PSA (blood test): _____
- **If female:** Last Pap smear: _____ Last Mammogram: _____
- **Number of pregnancies & delivery type:** _____
- **Family planning goals:** _____
- **Have you reached menopause (what age/year):** _____

8. Do you have any particular goals of health you would like me to be aware of?

9. Emergency Contact Information

Name: _____ Phone number: _____
Relationship: _____