
Eagle Creek Medical Clinic
#120 – 27 Helmcken Road, Victoria, BC

Welcome to Eagle Creek Medical Clinic. You have either been assigned to join the Primary Care Practice of one of our Nurse Practitioners or Family Doctors.

What is a Nurse Practitioner? A Nurse Practitioner (NP) is an advanced practice nurse (RN) who completed a graduate level degree in order to provide primary care services which include assessing your health concerns, diagnosing conditions, ordering diagnostic studies, writing prescriptions, referring to specialists and more.

We want to make sure you are up to date on recommended screening guidelines based on evidence-based practice. At Eagle Creek Medical Clinic, we believe in the importance of team work which means that we frequently involve the RN on our team.

Due to COVID-19, we try to decrease in-person appointments to only when necessary. This will be discussed directly to you by your Doctor or NP, and is decided on a case-by-case basis. We offer phone and/or virtual appointments.

After completion of the Meet and Greet – if both you and the Doctor/NP confirm a mutual fit – the Doctor/NP will commence care as your primary care provider and make recommendations based on your 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 don't 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 Intake Form prior to 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. Failure to complete the Intake Form may result in cancellation of your Meet and Greet 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 *(please include **dates**)*:

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 – what do you do?, 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? How much? 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? _____
- When was your last Tetanus vaccine (Td or Tdap)? _____
- COVID-19 vaccine: _____

7. Screening: Please indicated the **date** of your last test

- Last FIT test: _____ OR Last 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: _____ 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: _____