



Medliv Medical Clinic

Dr. Laurie is now taking applications for patients to join her practice. She is looking to help the demographic of people without a healthcare provider. If you already have a Family Doctor we kindly ask that you stay with them.

In order to facilitate your meet and greet appointment, please complete this questionnaire and return it to our office before your appointment.

Full Legal Name: _____

Date of Birth (day/month/year): _____

Provincial Health Number: _____

Address (Including postal code): _____

Phone Number: (home) _____ cell) _____

Previous Family Doctor name and location): _____

Do you currently smoke cigarettes or have you quit smoking? _____

If you quit, what year? _____. How many years have you/have you smoked? _____

Average number of cigarettes per day over this time: _____

Medications (name, dose, how often/time of day you take it):

Current Medical Conditions:

Past surgeries and hospitalizations (what year did this happen?):



Welcome to Medliv Medical and Aesthetics Clinic.

This document outlines some of the services and policies of the clinic. Also outlined are a few other things I would like my patients know about to make sure you get the most out of every single appointment with me. Have a read through and let me know if you have any questions.

MY APPROACH TO YOUR HEALTH

You and I are a team - I like patients to take an active role in their health and am always open to discussion around what's important to you. Please review some of my practice approaches below, to give you a sense of the style of my medical practice.

ANNUAL PHYSICALS

The current recommendation is that annual physicals are out, and periodic health reviews are in. This means that I want to see you whenever you need me; sometimes this means every 3 months, sometimes this means every 3 years. During your visits I will make sure to get any age and gender-appropriate lab work and investigations done at that time; we will discuss what's recommended for you and go from there!

COMPLEMENTARY AND ALTERNATIVE MEDICINE

I practise evidence-based medicine. This means I follow-up on vaccination status and will endeavour to have an open discussion with all my patients about the benefits of vaccination. I will work alongside other health practitioners, including naturopaths; however, I will not investigate or treat health conditions different from what I feel is evidence-based or the standard of care. I do not prescribe marijuana at this time.

ANTIBIOTICS

I only prescribe antibiotics for significant bacterial illnesses. For example, the common cold (upper respiratory tract infection) is caused by many viruses that give us those unpleasant symptoms of a sore throat, stuffy or runny nose, and congestion. Antibiotics kill bacteria, not viruses, and do not treat the common cold. I do not prescribe antibiotics for colds or for other viral illnesses, such as most cases of bronchitis (chest colds) or gastroenteritis (diarrhea).

CONTROLLED MEDICATIONS

Some medications that you may be prescribed may require extra monitoring and precautions for your safety. These may include narcotics/opioids, benzodiazepines, and other types of pain medications. If you are started on some of these medications, a signed contract will be kept on your file which outlines any required monitoring, and how often the medications will be refilled and dispensed.

I rarely start patients on opioid medications for anything other than pain that is caused by cancer. If you are currently prescribed an opioid medication, we can discuss together if this

is still the best choice for you. If we decide that there is a safer, better alternative medication for your medical condition, we will work together to taper your opioid

medication so that you feel well supported and experience minimal side effects. If we decide to continue to include an opioid medication in your treatment plan, a signed contract will be kept on your file as above and we will regularly reevaluate whether this medication is still the best choice for you.

YOUR PAST MEDICAL RECORDS

I often find it helpful to obtain copies of your past medical records, especially if you have any significant medical issues. This can be done by completing an authorization to release information form at the front desk. The front desk staff will then send the form to your previous doctor(s) and/or hospital(s) to request the information. Sometimes your past doctor(s) and/or hospital(s) charge a fee to you for this service. You are responsible for paying this fee.

BOOKING AN APPOINTMENT

When booking your appointment, it is very helpful if you tell the front staff a brief reason about what the appointment is for (e.g. refills, pain, forms, etc). Everything is kept confidential. Knowing the reason for your visit helps us to be prepared and to plan the schedule to prevent you and others from waiting.

If you do have a "list" of things you would like discussed, please let me know all of the issues at the start of the appointment so I can help you as best as I can. Sometimes we will not be able to address every item on your list in one visit; most visits allow for the assessment of one major or two minor health issues. I try my best to stay on time, so sometimes you may need to make a follow-up appointment to make sure we give your concerns the attention they deserve.

SAME DAY APPOINTMENTS

I will do my best to see you for something very urgent on the same day. However, if it sounds like an emergency, I may send you to the ER and/or call a specialist to get you the best and most appropriate treatment.

LIFE-THREATENING EMERGENCIES

For life-threatening and/or medical emergencies, please go to the nearest hospital emergency department or call 911 immediately. For all after-clinic hours telephone health advice, please phone HealthLink BC at 811.

PRESCRIPTION RENEWALS

I will always prescribe enough medication to last until your next appointment. Unless otherwise discussed, I will need to see you in person for an appointment before providing another prescription. In some situations, we will be able to extend the time between appointments as I get to know you. I may need to see you more frequently than your previous doctor.

Please pay attention to your medication and plan ahead so you do not run out of your medications. In general, I do not accept faxed or phoned prescription requests from patients, pharmacies or other third parties. Exceptions will be made for certain patients, considered on an individual basis. Please keep close track of your prescription medication needs and call our

office at least 2 weeks prior to running out of your medications to book an appointment for refills.

If you have a prescription(s) to be refilled, and you are on a stable dose of your medication(s), I will still want to see you at least once a year to be sure there are no changes that have to be made. If there are any big changes to your medications (e.g. if you are discharged from hospital with new medications) I would also like to see you. For your medication renewals, please bring in your bottles or bubble packs (including any natural supplements or anything over the counter) so we can double check your medication lists, and no errors get made. Your medication safety is very important to me!

If your medications need to be kept at a certain temperature, you can leave these at home, of course, but please bring in the name and dosage you are taking by printing in prescription documents or bringing pictures of the bottles.

RUNNING LATE

Everyone hates to run late, but I understand things happen. If you are running late, give us a call and we can try to either work you in another time same day or another day. In general though, if you arrive more than 10 minutes late, you will have to wait until I can fit you in (which may be lunch time or at the end of the clinic day if other support staff are around as per clinic policy), OR you can rebook to another day.

In the event that I am running late, I understand that you have things to do as well. I will due my best to notify you upon arrival if there are significant delays. If I am more than 60 minutes behind, I will have my MOA let you know and you will be given the option of rebooking to another day. This shouldn't happen but if it does I know your time is valuable too!

Note: the same applies for phone appointments. I will call you once. If there is no answer, I will wait a few minutes and call again and leave a message. In preparation for your phone appointment, please make sure you are in a quiet area; it is difficult to give your concerns the attention they deserve if we can't hear each other.

MISSED APPOINTMENTS

Medliv Medical Clinic sees patients on a system of booked appointments. In the case of a no-show to a scheduled appointment or a cancellation without 3 hours' notice, you will be charged a missed appointment fee of \$40, as per clinic policy. This fee is fully payable before further appointments may occur. If appointments are missed three times without adequate notice or reason you may be discharged from the practice.

****Note: if you miss a meet and greet appointment, you will not be rebooked for another meet and greet until three months have passed.**

HOSPITAL DISCHARGE / ER VISITS

If you have a visit to the ER or are discharged from the hospital, I want to review with you within 1-2 weeks. I should get a copy of the visit and call you in anyway, but sometimes it may take a while. Please call to schedule a visit for follow up with me. It is important to evaluate what medications you were discharged with or given from the hospital and to follow up tests performed in the hospital.

LAB RESULTS

Patient test results will not be provided by the staff over the phone to ensure privacy and compliance with the Health Information Act. We do not routinely call patients to report normal lab or radiology results. Please note that it can take up to two weeks for our office to receive reports; and other reports and letters from specialists can take up to one month. I do review each lab result and report, and you will be contacted if there is anything I need to see you for. Of course, I am happy to review any normal results with you during a scheduled appointment.

MEDICAL EDUCATION

I participate in medical education by supervising medical learners. I may have medical students (currently obtaining their medical degree), residents (have obtained their medical degree and are now specialising in family medicine), or International Medical Graduates (physicians trained outside of Canada) with me in the clinic. They are all members of our health care team and will all be supervised appropriately.

UNINSURED SERVICES

Our practice is publicly funded by the provincial government, and you do not have to pay for the costs of all of your routine medical care. However, we do charge for services which are not medically required and are not covered by provincial health insurance. These are called uninsured services and include things such as form completion, sick notes, and insurance requests. Mediiv Medical Clinic follows guidelines from the British Columbia Medical Association regarding fees for these items.

FORMS

Forms can be time consuming and are often very detailed and require a lot of discussion. I want to be sure to fill them out properly for you, so please ask for a 30-minute appointment when booking to have forms completed. Please make sure that you fill out all of the sections that are "To be filled out by the applicant". Most forms will not be completed at the time of your visit; expect approximately 1-2 weeks for completion. Please allow plenty of time for me to complete your forms.

If I do not feel that I have enough information about your condition to make judgements about your ability to work, I may request a specialist's opinion.

As noted above, form completion is an uninsured service and there will be a fee.

ZERO TOLERANCE FOR ABUSE

Our clinic values the work done by our staff and we feel that both our staff and patients deserve a respectful environment. The physicians and leadership have zero tolerance for abuse of our staff. Should you have questions or concerns please feel free to bring them forward to me and we can

work together to address them appropriately. Please be aware that verbal or physical abuse directed towards our staff may result in your immediate termination from my practice.

TERMINATION

Termination of the physician-patient relationship can be done at any time and can be initiated by either party. If a patient feels that the relationship is not productive, they can seek a new doctor. The physician can equally decide if the relationship is not therapeutic, and if necessary, will notify the patient.

By Signing this form you have read and understood Dr. Lindsay Laurie's Clinical/ Office Policies and Procedures.

_____ (Print Name)

_____ (Signature)

_____ (Date)

Please fill out all fields to the best of your ability and drop off at the clinic BEFORE your appointment. Thank you.

Legal Name (as listed on Drivers License):

referred First Name: _____
 birthdate (DD/MM/YYYY): _____
 email: _____
 Home Phone: _____
 Address: _____
 Gender: _____
 Height: _____ (indicate inches or cm)
 Date of Height & Weight: _____ Preferred Pharmacy: _____

PHN (Care Card) _____
 Cell Phone: _____
 City: _____
 Postal Code: _____
 Weight: _____ (indicate LBS or KG)

Current & Past Family Doctors: Please list all in order of most recent (and include the year you last saw each doctor):

1. _____ 3. _____
 2. _____ 4. _____

Current & Past Medical Specialists: Please list all in order of most recent (and include the year you last saw each specialist):

1. _____ 3. _____
 2. _____ 4. _____

Why are you currently looking for a new Family Doctor:

Do you currently have any open ICBC claims? Y / N

Do you currently have any open WCB claims? Y / N

Current chronic (ongoing) concerns: (eg hypertension, diabetes, high cholesterol, fibromyalgia, arthritis etc)

1. _____ 6. _____
 2. _____ 7. _____
 3. _____ 8. _____
 4. _____ 9. _____

Allergies/reactions to medications/substances:

1. _____ Type of reaction: _____
 2. _____ Type of reaction: _____
 3. _____ Type of reaction: _____

Most serious conditions / surgeries: (eg. heart attack, stroke, hysterectomy, bypass surgery etc) (attach a separate list for additional items)

1. _____ Date: _____ 5. _____ Date: _____
 2. _____ Date: _____ 6. _____ Date: _____
 3. _____ Date: _____ 7. _____ Date: _____
 4. _____ Date: _____ 8. _____ Date: _____

Current medications: including vitamins, minerals, herbals and over the counter (attach a separate list for additional items)

1. _____ Strength: _____ Dosage: _____ For: _____
 2. _____ Strength: _____ Dosage: _____ For: _____
 3. _____ Strength: _____ Dosage: _____ For: _____
 4. _____ Strength: _____ Dosage: _____ For: _____
 5. _____ Strength: _____ Dosage: _____ For: _____
 6. _____ Strength: _____ Dosage: _____ For: _____

Please fill out all fields to the best of your ability and drop off at the clinic BEFORE your appointment. Thank you.

Legal Name (as listed on Drivers License):

Preferred First Name: Family Doctor:

Family history: conditions/diseases present in first degree relatives:

Other: Age: Deceased / Living Conditions: 1. 2. 3.
Other: Age: Deceased / Living Conditions: 1. 2. 3.
Other: Age: Deceased / Living Conditions: 1. 2. 3.
Other: Age: Deceased / Living Conditions: 1. 2. 3.
Mother: Age: Deceased / Living Conditions: 1. 2. 3.
Father: Age: Deceased / Living Conditions: 1. 2. 3.

Personal social history (circle of complete as required)

Current Marital Status (Circle Current Status Below)

Married Common Law Divorced Single Widow/er # of Marriages:

Children: # of sons Years of Birth Health status
of daughters Years of Birth Health status
Children's last name if different than yours:

Test History: Include last year of test Pap PSA Mammo Colonoscopy/FIT
DEXA

Gynecetrics: # of pregnancies: Full Term Preterm Miscarriage(s) Abortion(s)
Year of pregnancies: Full Term Miscarriage(s) Abortion(s)
Type of deliver: Complications:

Occupation: Present occupation: For how long
Past occupations: 1. how long 2. how long

Current Habits: Smoking: Y / N For how long (# years): # per day: # per week: Type
(Past Habits) Never Smoked: Y / N Quit (year) Smoked for # of Years:
Alcohol: Y / N For how long (# years): # per day: # per week: Type
(Past Habits) Never Drank Alcohol: Y / N Quit (year) Smoked for # of Years:

Other Drug Y / N Marijuana Y / N Cocaine Y / N Heroin Y / N Amphetamines Y / N
Frequency frequency frequency frequency frequency

Exercise: 1) Type: Frequency: 3) Type: Frequency:
2) Type: Frequency: 4) Type: Frequency:



Ministry of Health

MEDICAL PRACTICE ACCESS TO PHARMANET AGREEMENT

PHARMANET Patient Consent to Access PharmaNet

The Province of British Columbia has established the provincial pharmacy network and database known as "PharmaNet" pursuant to section 37 of the Pharmacists, Pharmacy Operations and Drug Scheduling Act, R.S.B.C. 1996, c. 363, and which may be continued pursuant to section 13 of the Pharmacy Operations and Drugs Schedule Act, S.B.C., 2003, c. 77 should it be proclaimed in force during the term of this Agreement.

I, _____, authorize _____

Name of Patient (print)

Name of Physician (print)

and persons directly supervised by him/her to access my personal health information contained within PharmaNet for the purpose of providing therapeutic treatment or care to me, or for the purpose of monitoring drug use by me.

I understand that withdrawal of this consent must be in writing and delivered to the above-named physician.

Executed at _____, this _____ day of _____, 20_____.

SIGNED AND DELIVERED by

Patient (print)

in the presence of:

Witness (signature)

Witness (print)

(Dated)

Patient (signature)



Consent to Use Electronic Communication

Medliv Medical Clinic & Aesthetics and all practitioners at this location are offering to communicate using the following means of electronic communications:

Check that you wish to give electronic consent for between you and Medliv (Subject to change per office policies)

- Email
- Telehealth/Phone
- Videoconferencing
- Online booking/messaging

Patient name: _____

DOB: _____ (mm/dd/yy)

Medliv Medical Clinic & Aesthetics Family Physician: _____

Home Phone: _____

Cell phone: _____

Work Phone: _____

Email address: _____

Home address: _____

Initial below;

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as other conditions that the Physician may impose on communications with the patients using the services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Physician or the Physician's staff using the services may not be encrypted. Despite this, I agree to communicate with the Physician or the Physicians staff using these services with a full understanding of the risk.

I acknowledge that either the Physician or myself, at any time, can withdraw the option of communication through the services upon providing written notice. Any questions I had regarding the electronic communication consent have been answered.

To Decline Consent, please initial: _____

Patient Signature: Date: _____

Witness Signature: Date: _____



Consent for Electronic Communication and E-tool Use

Last Name: _____

First Name: _____

Date of birth: _____

Personal Health Number (PHN): _____

Medliv Medical clinic & Aesthetics and all practitioners at this location have offered to communicate and provide services using various means of electronic communication (the "Services").

This document will explain the Services and is an agreement between you and Medliv Medical & Aesthetics for the use of the electronic communication services (the "Services") identified below for providing you healthcare:

PomeloHealth (Secure messaging, online appointment booking, communication emails)

Telephone or Video Appointment

Photography for Medical Care

PharmaNet

I have read and understand the above: _____ (Initials)

PomeloHealth Portal for Messaging, On-Line Booking and E-Communication We will collect your email address (if you have one) and it may be used for the following:

Reminding you of your appointments

Communicating back and forth with Medliv Medical reception for non-urgent issues,through the secure messaging portal, PomeloHealth. Sharing your email with other health care providers who are also providing you with health care keeping you informed of your referral status when you have been referred to another health care provider Informing you about upcoming programs, health promotion material, educational resources, surveys, and notices for workshops or clinics Providing general clinic information, such as clinic hours and changes in practice

I have read and understand the above: _____ (Initials)

Medliv Medical Clinic & Aesthetics uses reasonable means to protect the security and confidentiality of information sent and received using the electronic communication services outlined in this agreement. All electronic medical communications carry some degree of risk and Medliv Medical Clinic and Aesthetics cannot guarantee the security and confidentiality of electronic communication.

PomeloHealth is a secure messaging portal through which patients can receive and send messages directly with Medliv book on-line appointments, receive appointment reminders, and patients can check-in for appointments. To increase security and reduce risks of unauthorised access to your medical information, Medliv Medical Clinic & Aesthetics uses PomeloHealth; you are required to log in to the on-line platform to access messages and other tools. The risks associated with the use of electronic communication are real and should be understood. Messages between Medliv and patients may contain personal medical information. Personal email platforms (ie. gmail, yahoo, telus or shaw) do not meet privacy and security standards for sending medical information. Potential risks of using personal email communication include: interception of messages from your health care provider by others using the Internet. Email is easy to forge, may be accidentally forwarded and may exist indefinitely on the internet. E-mail messages sent to and from Medliv through PomeloHealth may exist as an entry in your electronic medical record within Medliv Medical Clinic & Aesthetics.

Medliv Medical Clinic & Aesthetics cannot guarantee that messages generated by email or PomeloHealth will be received, read or responded to within any particular period of time.

DO NOT USE EMAIL COMMUNICATION FOR MEDICAL EMERGENCIES AND/OR OTHER TIME SENSITIVE MATTERS.

Medliv Medical Clinic & Aesthetics supports the use of electronic communication as an additional option for communication, not a replacement for traditional means of contact, such as telephone, mail, or in-person visits. While the patient and provider may agree to communicate using email, neither party is obligated to do so.

I have read and understand the above: _____ (Initials)

Virtual care refers to appointments using telephone or video conferencing, and are offered by Medliv Medical Clinic & Aesthetics. If you are concerned about using virtual care, you can ask for your visit to be in-person at the clinic. A phone or video visit is different than an in-person visit and has some limitations. If at any point you, your provider or staff feel that your medical care should be provided by an in-person visit, you will be asked to book an in-person appointment. If you are speaking by phone or video to your provider, there is a chance your confidentiality could be breached, especially if you attend your appointment in a public place. Appointments should take place in a private location to ensure your confidentiality and to limit distractions when talking to your provider. A virtual appointment is no different than an in-person medical appointment; Medliv offers virtual care appointments for the convenience of the provider and the patient. A virtual appointment should be treated with the same respect as an in-person appointment. If you are driving when we call you, we will not speak to you until you have stopped.

We aim to ensure that information you share with us during a virtual visit is private and secure. Despite that, there is a risk that your health information may be intercepted or disclosed to third parties when using video or audio communication tools. This method of communication is not secure in the same way as a private appointment in an examination room at Medliv Medical offices.

To help us keep your information safe and secure, you can:

- use a private computer (ie. not an employer's or third party computer/device),
- use a secure internet connection.

For example, using a personal computer, tablet or phone is more secure than at a library, and access to the Internet on your home network is generally more secure than on an open guest WiFi network.

I have read and understand the above: _____ (Initials)

Photography

Photos may be taken of you for medical documentation only, as deemed necessary. These photos will be securely stored as part of your medical record and will only be used for medical purposes (example: documenting progression of a rash or wound).

I have read and understand the above: _____ (Initials)

Pharmanet

The Province of British Columbia has established the provincial pharmacy network and database known as "Pharmanet". Your provider can access Pharmanet to view your prescription profile and history. This is helpful when you have been discharged from hospital or have had medications prescribed or changed by a specialist(s). It will only be accessed by persons directly supervised by your provider for the purposes of providing therapeutic treatment or care, or for the purpose of drug use monitoring.

I have read and understand the above: _____ (Initials)

- I understand and agree that individual healthcare providers may make decisions about my treatment based on information I provide through electronic communication and that this information may form part of my health record.
- I understand that it is my responsibility to monitor email received at the email address provided to Medliv Medical Clinic & Aesthetics and to advise the clinic of any email address changes, or if my email address should no longer be used by the clinic.
- I understand that the Medliv Medical Clinic & Aesthetics cannot guarantee the security of information that I send to or receive from the clinic, and that there is a possibility that my health information may be intercepted or disclosed to third parties when using electronic communication tools.
- I agree not to use email communication to relay any emergency or urgent information about myself and understand that Medliv Medical Clinic & Aesthetics does not guarantee the receipt or review of any email messages that I may send to the clinic.
- I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for virtual care tools, it is possible that interactions with Medliv Medical Clinic & Aesthetics or my provider using the Services, may not be encrypted. Despite this, I agree to interact with the Medliv

Medical Clinic & Aesthetics and/or my provider using these Services with a full understanding of the risk.

- I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected Services more fully described in this consent form. I understand and accept the risks outlined in and associated with the use of the Services when interacting with the Physician and the Physician's staff. I consent to the conditions and will follow the instructions, as well as any other conditions that the Physician may impose in relation to patients using the Services.
- I _____ (patients name) have read and understand the above and am in agreement with the terms detailed in this document.

Patient signature: _____

Witness name: _____

Witness Signature: _____