CityMed
Your Partner in Health

#108-109 14818 60 Avenue, Surrey, BC, V3S 0B5
Tel: 604-503-9966
Fax: 604-503-9967

The purpose of this questionnaire is to ensure that your medical record contains complete information to enhance optimal care. Please fill in the relevant sections to the best of your ability and return upon completion. Information provided is kept confidential.
Please also sign the patient consent to Access Pharmanet and submit along with form.
Priority will be given to patients without a local Family physician or patients of retired Family physicians.

DEMOGRAPHICS

First Name: _____ Middle Name: _____

Last Name: _____

Preferred First Name: _____

Date of Birth: ___ / ___ /_____ Age: _____ Personal Health Number (PHN) _____
DD MM YYYY

Address: _____

City: _____ Post Code: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Height: _____ Weight: _____

Preferred Pharmacy: _____

Previous Family Physician/Medical Clinic: _____

How did you hear about our clinic? _____

Have any immediate family members also submitted an intake form? If so, who: _____

_____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Emergency Contact Number: _____

MEDICAL INFORMATION

Please list any significant medical problems:

ISSUE	DATE OF DIAGNOSIS	COMMENTS

Are you currently seeing any specialists? If so, please provide their information:

SPECIALIST'S NAME	SPECIALITY	REASON FOR SEEING THEM

Please list previous surgeries or procedures you have had:

SURGERY / PROCEDURE	WHEN	SURGEON

INSURANCE CLAIMS

Do you have any current or previous ICBC or WorkSafeBC (WSBC) related injuries or diseases?

INJURY OR DISEASE	ICBC or WSBC	YEAR	CLAIM NUMBER (if known)

Please list all medications that you are currently taking. Please attach a list if more space is required.

NOTE: We do not prescribe opioid medications to new patients until records are reviewed and an agreement is in place.

MEDICATION	STRENGTH	DOSAGE	REASON

Please list any allergies:

ALLERGY	REACTION

FAMILY HISTORY

Please indicate if there is a family history of any of the following conditions:

HEALTH CONCERN			RELATIONSHIP, AGE OF ONSET & DESCRIPTION
Diabetes Mellitus	YES	NO	
High Blood Pressure	YES	NO	
Stroke	YES	NO	
Heart Attack	YES	NO	
Respiratory Condition	YES	NO	
High Cholesterol	YES	NO	

Parent Fractured Hip	YES	NO	
Mental Health	YES	NO	
Cancer	YES	NO	
Neurological Condition	YES	NO	

Women's Health (if applicable)

Number of pregnancies: _____ Miscarriages / Terminations: _____

Number of children: _____ Any obstetric complications: _____

Last menstrual period: _____ On contraception / HRT: _____

Prevention Screening Tests

PAP and Mammogram **(women only)**

Ages 25-69, date of last pap (recommended every 3 years): _____

Ages 40-74, date of last mammogram (recommended every 2 years): _____

Colon cancer screening – FIT or colonoscopy

Ages 50-74, date of last stool test for colon cancer (recommended every 2 years):_____

If previous colonoscopy, state year and reason: _____

Lung cancer screening (for current or past smokers with >20 year smoking history

Ages 55-74, date of last CT lungs (recommended annually): _____

Bone Mass Density test for Osteoporosis

Women >65 yrs: _____

Men >70 yrs: _____

Please indicate if you have received the following immunizations:

Tetanus within the past 10 years	☐ YES	☐ NO
Pneumonia	☐ YES	☐ NO
Shingles	☐ YES	☐ NO
COVID-19	☐ YES	☐ NO
RSV	☐ YES	☐ NO
Childhood vaccinations	☐ YES	☐ NO

LIFESTYLE

What currently describes your occupational status:

Working ☐ Retired ☐ Student ☐ Unemployed ☐ Disabled ☐ On Disability Benefits ☐

Current or previous occupation: _____

DIET

What best describes your diet:

VERY POOR ☐ POOR ☐ FAIR ☐ GOOD ☐ EXCELENT ☐

ACTIVITY

What best describes your current activity level:

SEDENTARY ☐ MILD ACTIVITY ☐ AVERAGE ACTIVITY ☐ QUITE ACTIVE ☐ VERY ACTIVE ☐

ALCOHOL

What best describes your drinking habits:

NONE ☐ LIGHT ☐ MODERATE ☐ HEAVY ☐ EX-DRINKER ☐

TOBACCO

What best describes your smoking history:

NEVER SMOKED ☐ SMOKER ☐ EX-SMOKER ☐ PASSIVE CONTACT SMOKE ☐

How many years have, or had you been smoking for? _____

If you have stopped smoking, when did you stop: _____

RECREATIONAL DRUGS

What best describes your recreational drug use:

None ☐ Light ☐ Moderate ☐ Heavy ☐ Ex-user ☐

If yes, what drugs do/have you used: _____

How often do you usually use: _____ Date last used: _____

ADDITIONAL

Please use the box below for any additional information you wish to share.

TERMS AND CONDITIONS

Name:

Date of Birth:

Personal Health Number:

Please note that by completing and submitting this form does not automatically confirm you are a patient of this clinic.

Currently, there are limited openings for new patients. If the clinic is unable to accept you as a patient at this time, you will be put on our wait list.

Do not transfer your medical records until requested.

☐ The information provided in the Patient Intake Form is accurate to the best of my ability.

☐ I have reviewed the CityMed Clinic Policy document and agrees to the terms within.

☐ I agree to email communication with the email address provided in this form.

_____ _____

PRINTED NAME OF PATIENT / GUARDIAN SIGNATURE OF PATIENT / GUARDIAN

_____

DATE

#108-109 14818 60 Avenue, Surrey, BC, V3S 0B5
Tel: 604-503-9966
Fax: 604-503-9967

CLINIC POLICIES

ZERO TOLERANCE

CityMed is committed to providing a safe and respectful environment for both patients and staff. The clinic operates a zero-tolerance policy in relation to the following:

- Disrespectful behaviour
- Abusive, demeaning, or derogatory language
- Physical violence, threats, or intimidation
- Unwelcomed physical contact

APPOINTMENTS

Appointments can be made via the following ways:

- In person, at our Surrey clinic
- Calling the office at the number above
- Online at https://citymedhealth.ca/ (details to come on our website)

We will ask you at the time of booking what concern/reason you are asking to be addressed.

Please limit your concerns to one or two per appointment. This allows your physician to address the issue(s) adequately and assists the clinic to run on time.

PHONE APPOINTMENTS

The doctor may call you before your scheduled appointment time. If you are unable to answer, you will receive a call back within your scheduled time window.

LATE or MISSED APPOINTMENT

Please call the clinic if you are running late for your scheduled appointment. CityMed strives to ensure appointments run on schedule, outside of any emergencies. Depending on the doctor's availability, we may change your appointment to a phone call or reschedule your appointment. A missed appointment fee may apply.

CANCELLATION

If you no longer need your appointment or need to reschedule, we require at least 24 hours' notice. Cancellation with less than 24 hours' notice may result in a short notice cancellation fee. Depending upon the type of appointment, the clinic may not be able to schedule future appointments until the balance is paid.

SAME DAY APPOINTMENTS

There will be a limited number of same day appointments for urgent medical concerns. Please notify the clinic at your earliest convenience if an appointment is required.

OUT OF HOURS

Please contact the Surrey-Newton Urgent and Primary Care Centre, 6830 King George Blvd, 604-572-2625 or the Surrey Urgent and Primary Care Centre, 9639 137A Street, 604-572-2610. Alternatively, you can also check https://medimap.ca/.

ROUTINE CHILD WELLNESS CHECKS & FULL PHYSICAL EXAMINATIONS

Please arrive 15 mins before your scheduled appointment to allow enough time for vitals and measurements.

IMMUNIZATIONS

Please book an appointment with public health for routine child vaccines according to the BC vaccination schedule to ensure accurate record keeping of vaccination history. You can find a public health unit here or by visiting https://immunizebc.ca/.

CONTROLLED MEDICATION

If you are on high doses of opiates, benzodiazepines, or hypnotics, it is expected that you are open to conversations regarding safe practices and willing to work together to lower these medications to a safer dose according to the college guidelines and best standard of practice. *We do not abruptly discontinue long term medication without a plan that is safe for the patient*. A controlled drug agreement form will be required. A template treatment agreement form can be found here, or by visiting www.cpsbc.ca/.

PRESCRIPTION RENEWALS

Refills will not be prescribed without an appointment as prescription medications require monitoring and regular follow up with your doctor. Please book an appointment 2 weeks in advance of running out of medication. Your pharmacy can issue a short supply in case of emergencies.

Prescribing of benzodiazepine and opiates: Anyone requiring these medications on a regular basis will be reviewed more frequently and where necessary, discussion regarding ongoing use.

UNINSURED SERVICES

Not all services are covered by MSP. These include, but not limited to, sick notes, driver medical forms and insurance forms. Payment must be paid in full either prior to, or at the time of collection of the form. Fees reflect the current Doctors of BC rates for uninsured services and are subject to change in April each year. A full list of uninsured services can be found here or by visiting https://www.doctorsofbc.ca/.

PATIENT ATTACHMENT

If accepted as a patient, you agree to seek care from CityMed Surrey whenever possible, identify your doctor at this clinic as your family doctor, not have another family doctor and inform the clinic should you move your care to a different doctor.

TERMINATION OF PHYSICIAN / PATIENT RELATIONSHIP

In addition to the above Zero Tolerance policy, if there is a breakdown in care, including irremediable differences in philosophy of care, we may terminate the relationship and ask you to find another physician in accordance with the College of Physicians and Surgeons of BC guidelines.

Ministry of Health

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)) *Patient (signature)*
)
_____)
Witness (print))
)
_____)
(Dated))

BC FAMILY DOCTORS
Your Specialists in Primary Care.

INVOICE

Doctor's Name: _____ Date: _____

Patient's Name: _____

This invoice is for services not covered by the Medical Services Commission Longitudinal Family Physician Payment Schedule. Fees reflect current Doctors of BC rates for uninsured services. Individual physician rates may vary.

Fee values effective April 1, 2023

	Description	Uninsured Fee Code	Amount
	Forms		
☐	Brief certificate/form, including school/work time off, medical certificate for government employment insurance, SPARC-BC parking application, HandyDART & HandyCard application	A00060	$50.90
☐	Special Authority Form - billable only when requested by 3rd party insurer	A94523	$87.90
☐	Insurance Company short form - disability/travel/time off	A00069	$173.00
☐	Insurance Company long form- disability/travel/time off	A00059	$227.00
☐	Income Tax Disability - short form	A00069	$173.00
☐	Income Tax Disability - long form	A00059	$227.00
☐	Long Term Care Registration / Administration	A00063	$177.00
☐	Employer's Occupational Fitness Assessment form – extra to examination	A94529	$197.00
	Reports/ Letters		
☐	Brief letter/note, including insurance note for physiotherapy/massage therapy	A00060	$50.90
☐	Medical Advice by letter	A00061	$173.00
☐	Medical leave or off work letter	A00070	$197.00
☐	Insurance Company letter - short (½ page)	A00070	$197.00
☐	Insurance Company letter - long (1 - 2 pages)	A00071	$417.00
☐	Medical - legal letter	A00071	$417.00
☐	Medical - legal report	A00072	$1,244.00
☐	Medical - legal opinion	A00073	$2,082.00
	Examinations		
☐	Physical fitness examination and form for school, camp, etc	A00068	$86.00
☐	Industrial First Aid - limited exam	A00002	$173.00
☐	Insurance and Industrial Examination, including CPP, pilots and air traffic controllers	A00001	$245.00
☐	Driver's license examination – full exam (Yellow Stripe Form)	A00055	$238.00
☐	Driver's Medical Examination Report (Blue Stripe Form)		$238.00
☐	Diabetic Driver Report - stand alone (no Driver's Medical Examination Report)		$238.00
☐	Diabetic Driver Report in addition to Driver's Medical Examination Report – combined fee		$297.60
	Procedures & Immunizations (Multiple services will be charged additionally)		
☐	Liquid Nitrogen		$106.15
☐	Excision (no sutures)		$211.60
☐	Excision (with sutures)		$251.60
☐	Excision (with sutures) - facial		$308.60
☐	Immunizations for individuals 19 years or older, per injection		$40.70
☐	Immunizations for individuals less than 2 years of age		$113.90
☐	Immunizations for individuals 2-18 years of age		$104.90
	Other		
☐	Transfer of Records - basic fee	A00093	$41.60
☐	Physician Review of Records for medical/legal purposes or transfer of records (per 15 mins)	A00095	$117.00
☐	Transfer of Records - photocopying - per page (first 10)	A00096	$2.10
☐	Transfer of Records - photocopying - per page (subsequent pages)	A00096	$0.30
☐	Missed Appointment Charge		$89.70
		TOTAL	

Notes: