

APPENDIX G-1

PATIENT ACCESS TO PHYSICIAN PILOT PROGRAM AGREEMENT

I, _____ am registered with the Provincial Patient Registry for placement with a regular Family Physician.

I agree to accept Dr. _____ as my regular family physician in future.

Patient's Health Care # _____

Dependent's Health Care # _____

Dependent's Health Care # _____

Dependent's Health Care # _____

If you are new to Prince Edward Island and have not received a Personal Health Number(PHN), please call 1-800-321-5492 to register.

Patient's Signature

Date

I agree to accept the patient(s) identified above into my family practice. If, for unforeseen reasons I will not be able to fulfill this commitment, I will inform the Prince Edward Island Department of Health immediately.

Physician's Signature

Date

EXPLANATORY NOTES ON PATIENT ACCESS TO PHYSICIAN PILOT PROGRAM

This program was established through agreement between the Medical Society of Prince Edward Island and the Department of Health in an attempt to ensure Island residents have access to family physicians.

By signing this form, you are indicating that you intend to use a particular physician as your family physician. This form does not in any way restrict your ability to access services.

It is envisioned that patients may choose to see a family physician once or twice prior to committing to sign this form. If you have any questions about this program, please call the Patient Registry Office at 1-800-321-5492.