Vancouver
Division of Family Practice
An FPSC initiative

Patient Attachment Initiative
T: 604-559-8076
F: 604-428-6969
E: pai@vancouverdivision.com

Information Sheet & Terms of Service

What is the Patient Attachment Initiative?

The Patient Attachment Initiative works to match Vancouver residents with a family doctor/physician (FP) or nurse practitioner (NP) in the community. We accept referrals from many healthcare organizations in the region.

Eligibility criteria

- You must live in the City of Vancouver.
- You must have active BC Medical Services Plan (MSP) coverage.
- You must not already be attached to an FP or NP in Vancouver unless they are retiring or closing their practice in the next 3 months.
- You must be able to book and attend appointments, either on your own or with a support person.

How the process works

1. Your healthcare provider will fill out our referral form, attach relevant medical records, and fax it to us.
2. We will review your referral and then reach out to you, typically within two weeks. You may receive communication by text, email, or telephone. **If we are unable to contact you, we will close your file.**
3. With the information gathered from the referral and our communications with you, we will work to match you to the available FP or NP who is best able to meet your care needs, while also considering your preferences on location and gender.
4. If we find an FP or NP who can take you on as a patient, we will provide you with their contact information and registration instructions. **It will then be your responsibility to register and book a first appointment by the deadline provided** (4 weeks from the date we contact you). Only when you complete those steps and attend your first appointment will you be considered attached to that FP or NP.

What you need to know

- We need to contact you before we can match you with a new FP or NP.
- Only a small number of FPs and NPs are accepting patients at a given time. We cannot guarantee that we will be able to match you, nor can we provide a specific timeline for the process as it can vary from person to person. We cannot consider requests to be matched to an FP vs an NP.
- We match to **one FP or NP, one time only**. We do not offer re-matches if you miss your registration deadline or do not like your match. Know that we matched you to the best option available to us at the time.
- You should continue to seek medical care at a walk-in clinic, urgent and primary care centre, or emergency department, as necessary. Do not wait for us to find you a new FP or NP – the timeline to be matched can vary and once you are matched it can take several more weeks to get an appointment.
- We may be able to match your spouse/partner/children and we will discuss this with you.

Use of Information

When you sign section D on page 2, you acknowledge and agree to the following:

- We will keep your information private and confidential following the Personal Information Protection Act (PIPA) and will only share your information with the clinic we match you to.
- We may contact other healthcare providers who have treated you if we need more information.

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ALL SECTIONS ON THIS PAGE MUST BE COMPLETED AND FAXED TO 604-428-6969

A. Referral Information	
Referrer name:	Date: (DD/MMM/YYYY)
Site/program/unit:	Referrer phone:
Referrer email:	Referrer fax:
B. Patient Information (patient label is sufficient – please also include email address)	
Full name:	Name used (if different):
PHN:	Date of birth: (DD/MMM/YYYY)
Gender:	Pronouns:
Address, City, Postal Code:	
Phone number(s):	Email:
Interpretation required? Specify language:	Identifies as Indigenous: ◯ Yes ◯ No
C. Alternate Contact (if there are potential communication barriers with patient)	
Full name:	Relation:
Phone number(s):	Email:
D. Patient Consent	
I consent to the terms of service and confirm that I meet the program's eligibility criteria as outlined on page 1:	
Print name:	Signature:
Date: (DD/MMM/YYYY)	◯ Self ◯ Parent/Guardian/Rep ◯ Referrer (if consent obtained verbally)
E. Care Needs	
Care needs are our top consideration when matching patients to providers. **Please attach collateral covering recent, relevant medical history** including diagnoses, current medications, recent or upcoming operations, and any involved care teams or specialists. If these records are not available to you, please write any available information on page 3. Please note the requests for special populations below.	
E-2. For patients in perinatal period	
Est./actual date of delivery: (DD/MMM/YYYY)	- Please include antenatal, labour & birth, and newborn records - Please do not refer until 20 weeks
E-3. For patients with palliative care needs	
Prognosis (if known): ◯ <1 mo ◯ <6 mo ◯ >6 mo	- Please include BCPCB registration and No CPR form if signed
E-4. For patients hospitalized in the last month	
Name of facility/unit(s):	Reason for admission:
Date of admission: (DD/MMM/YYYY)	Est./actual date of discharge: (DD/MMM/YYYY)

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THIS PAGE MAY BE LEFT BLANK AND OMITTED IF ADEQUATE COLLATERAL IS ATTACHED

E-5. Care Needs cont.

Care needs are our top consideration when matching patients to providers. **Please attach collateral covering recent, relevant medical history** including diagnoses, current medications, recent or upcoming operations, and any involved care teams or specialists. If these records are not available to you, please write in any available information below.

Diagnoses

Current medications

Recent surgical history/upcoming operations

Other care teams, services, or specialists