Transfer of Care

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| Date: |
| Name: |
| Birthdate: |
| Current Practitioner: |

**Reason for Transfer:** (A reason must be provided; incomplete forms will not be considered for transfer.)

**List of Practitioners:**

Dr. Black, Dr. Monro, Dr. Ashley, Dr. Chowdhury, Dr. Soutar, Dr McCourt

**Preferred Practitioner:** (A 1st and 2nd choice must be provided for your transfer to be considered)

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| **1st choice:** |
| **2nd choice:** |

We understand the importance of finding a primary care provider that you are able to establish an therapeutic relationship with. There are many reasons one may wish to switch practitioners, some prefer a male or female. Or to have the same doctor as another family member. Switching practitioners however, does put some burden on the accepting physician to review your chart and to develop a relationship with you. It also may not turn out to be the fit you were hoping for. To ensure continuity of care it is expected that changing doctors means you remain with the same practitioner for a minimum 1 year.

Requests for transfer of care are reviewed once annually in December. You will be informed of the outcome of your request in January. If you regret your transfer of care you may submit another Transfer of Care Request, which will be reviewed through the standard process outlined above the following December.

While we will try to accommodate your request, we cannot guarantee each transfer based on availability and size of practice of the receiving physician at the time of the request. The final decision will be made as a group by the practitioners.

**One form per person. Incomplete forms will not be processed**

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| Signature: |