



Cascade Medical Centre
BOX 610 PRINCETON, BC V0X 1W0
OFFICE: (250) 295-4482 FAX: (250) 295-4484

Transfer of Care

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. Monroe, Dr. Van Der Heide, Dr. Samuels, Dr. Ashley

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

1st choice:

2nd choice:



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We understand a good fit is optimal, until now due to a lack of practitioners we have not been able to accommodate changes. We are trialling a process to allow patients to switch providers. 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. However, to ensure continuity of care and ensure care for all patients it is expected that changing doctors means you remain with the same practitioner for a minimum 1 year. At this time you may request a new transfer.

Requests for transfer of care are reviewed once annually in December of each year. 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, however it cannot be guaranteed based on availability and size of practice. The final decision will be made by our practitioners.

One form per person. Incomplete forms will not be processed

Signature:
