



## Pre-Visit Questionnaire - Locum Physicians

Name: \_\_\_\_\_

Address of office to be visited: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The purpose of this questionnaire is to familiarize the visitor with you and your practice, and to reduce the time necessary for on-site collection of information.

### A. Medical Education

Year of graduation: \_\_\_\_\_

Number of years in Canadian practice: \_\_\_\_\_

Number of years in current practice location: \_\_\_\_\_

Post-graduate qualifications and certifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### B. Continuing Medical Education

Please list conferences and presentations, and dates in the past 12 months (eg. Family Practice Update U of C, Jan):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list paper and electronic reference material consulted in the past 12 months:

In Office

(eg. Drugs of Choice)

Out of Office

(eg. Alberta Clinical Practice Guidelines Program website)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**C. Description of Practice**

Number of office hours worked per week: \_\_\_\_\_

Average number of patients seen per hour in the office: \_\_\_\_\_

Hospital privileges: Yes  No

If yes, what type (e.g. admitting, courtesy, acute care, long-term, on-call duty, etc.)

\_\_\_\_\_

Describe the demographics of this practice population:

\_\_\_\_\_

Do you provide antenatal care? Yes  No

Surgical procedures performed in the office:

\_\_\_\_\_

**D. Practice Policies**

What is the average length of waiting time for patients in your waiting room?

What arrangements do you have for the after-hours care of your patients?

\_\_\_\_\_

Are all tests reviewed by the physician who requested each test? Yes  No

What is the procedure to ensure timely review of investigation results before they are filed in the patient’s record?

Are patients notified of all abnormal results? Yes  No

When sensitive examinations are performed (e.g. genitalia), is a third person present? Yes  No

If no, please explain:

Are patients’ records stored electronically (“computerized”)? Yes  No

The visitor will be in your office for about four hours. Please mark your preferred times for a Practice Visit (3 slots minimum):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
am								<i>Preferred a.m. times:</i> 08:00-12:00 <input type="checkbox"/>
								09:00-13:00 <input type="checkbox"/>
pm								<i>Preferred p.m. times:</i> 12:00-16:00 <input type="checkbox"/>
								13:00-17:00 <input type="checkbox"/>

**Please mail the Pre-Visit Questionnaire when complete to:**

Dr. Nigel Flook  
 c/o College of Physicians and Surgeons of Alberta  
 2700 Telus Plaza South, 10020 – 100 Street NW  
 Edmonton AB T5J 0N3

or fax to (780) 428-2712