# BRILZ ASSOCIATE CLINIC

Family Physician

*Professional Corporation

201 – 9 Street Wainwright, AB T9W 1C5
Telephone: (780) 842-5829 Fax: (780) 842-6582

## *Welcome to Brilz Associate Clinic!*

Thank you for taking the time to read through our clinic policies to ensure we all start on the same page. These policies are liable to change; we will do our best to keep you informed. If you have any questions, they can be addressed with the physician or our Clinic Manager.

### Booking an appointment

When booking an appointment, please identify the reason for your visit as accurately as possible. This allows the length of the appointment and the need for urgent availability to be triaged appropriately. Please also advise at the time of your booking if you require a form or note to be completed, as this can affect the length of the visit.

Currently, we are booking non-urgent appointments up to a maximum of two months in advance; the schedule is liable to change and may require rescheduling.

We book urgent appointments on a same-day and next-day basis (see below).

If your child or family member requires an appointment as well, please advise our receptionist when booking. Each patient requires their own appointment to allow adequate time to address individual issues.

Our phones are answered Monday through Friday, 9:00am to 11:45am and 1:15pm to 4:00pm. These times may change in the future; the updated times will be listed on our phone message. Early mornings and right after lunch are the busiest times for the phones; if you have a non-urgent issue, you may have a shorter wait time if you phone later in the morning or later in the day.

### Urgent issues

We have spaces set aside daily for urgent same-day and next-day appointments to ensure better access for you to medical care. If you have an acute illness, we will try our best to get you in as the schedule permits.

### Preparing for your appointment

Please arrive at least 10 minutes prior to your scheduled appointment. This allows for you to be checked in, seen for a work-up, and then seated in an exam room for your appointment time.

We endeavour to be as on-time as possible, as we know your time is valuable. Due to the unpredictable nature of urgent visits, we may occasionally be running behind depending on the volume of patients being seen that day and the concerns being addressed, and we appreciate your patience in these instances.

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If you have multiple health concerns, please identify all of them at the start of the visit, so that we can prioritize what needs to be addressed most urgently.

If you are requesting prescription renewals, please bring a list of ALL your prescriptions with you (which can be requested from your Pharmacy), not only the one you need to be renewed, as we will try to align your prescription refills as best as possible.

## Annual Visit

If you are over the age of 18, we would like to see you once per year, in the month of your birthday (when possible), to review your chart and ensure your care is complete.

This annual visit is designed for physicians to renew and align your prescriptions and ensure your bloodwork and preventative health (pap tests, cancer screening tests, etc.) are up to date.

Please bring a list of ALL your prescriptions to this visit so they can be renewed.

## Prescription renewals

Due to the accessibility of seeing your physician, we limit the amount of prescription renewals provided via fax. Most medications require review and monitoring and for this reason, your physician requests to see you for an appointment for all prescription renewals. If we are unable to get you an appointment before your medication runs out, you are to book the next available appointment and then notify your pharmacy that you have an appointment. In most cases they will provide you with an extension. If they do not, request that they fax a "Refill Request" to our office and we will review and respond appropriately. It is your responsibility as the patient to keep track of your medications and know when they are coming due for refills. Leaving it to the last pill to call for an appointment is not recommended as we cannot guarantee you will get an appointment when needed.

## No available walk-in services

Please phone to book a same- or next-day appointment (when available). There are no immediate spaces available if you walk in requesting to be seen urgently in person.

## Emergencies

When possible for urgent issues, we strongly encourage you to phone the clinic first, before going to emergency. We do have emergent spaces available each day on the schedule. This allows for better continuity of care.

For emergencies, please visit your nearest emergency department – we will receive documentation from most urgent care facilities as you provide them with your Family Physician's name.

## No-show and cancellation policy

If you are unable to attend your appointment, you are expected to provide notice one business day in advance to cancel so that we can offer the time slot to another patient and keep wait times to a minimum. If you do not show up for your appointment, or cancel without one business day’s notice, you may be charged a no-show fee of $40 per missed appointment. Our phone line allows you to leave a message when you need to cancel an appointment.

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**Late arrival policy**

We recognize that your time is valuable and endeavour to run on time as much as possible. To do this, we ask that you show up at least 10 minutes before the start time of your appointment.

Patients who arrive 10 minutes or later past the start time of their appointment may not be seen. Patients who arrive more than 15 minutes past the start time of their appointment are considered “no-shows” and the associated fee may be charged.

Late arrivals compromise your care, as well as the care of other patients in the practice. As such, recurrent late arrivals may result in dismissal from the practice.

## Forms

If you have a form requiring completion, please identify this both when you book the appointment and when you arrive for check-in. Some forms are quite detailed and may require a dedicated visit to complete.

Please ensure your section of the form is completed before requesting the doctor to complete it.

Please allow adequate time before your form is due to have it completed. Not all forms can be easily completed same day in the course of a visit. Depending on the nature of the form, your physician may complete it outside of office hours and ask you to return to pick it up. Due to the large volume of paperwork, this may take up to 30 days, though we will endeavour to complete it quickly where possible.

Please note that most forms are considered third-party and may have an associated fee; a list is available at the front desk and displayed in the exam rooms.

## Zero-tolerance harassment policy

*Brilz Associate Clinic* is a medical team comprised of physicians and administrative staff. It is expected that all members of the team be treated with respect and courtesy. Aggressive, threatening, or offensive behaviour towards any staff member will not be tolerated and may result in the termination of the patient-physician relationship.

## Uninsured Services

Some medical procedures, forms and notes are not covered under Alberta Health Care and therefore are subject to a fee. The current costs for these uninsured services are posted in the office as well as in exam rooms; fees are determined at the suggestion of the Alberta Medical Association and may be waived or decreased at the physician’s discretion. Payments can be made by cash or cheque or e-transfer.

## Opioid, benzodiazepine, sleep aid and stimulant medications

Recent medical evidence now shows that medications that used to be prescribed routinely are more harmful than we once recognized. Prescribing these medications, in particular opioids/ narcotics, benzodiazepines (e.g., Ativan) and other prescription sleep aids, must be done carefully and thoughtfully. In keeping with current guidelines, your physician may wish to discuss decreasing the dose, discontinuing, or switching to a safer alternative if you are on one of these medications.

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Other medications have always been known to have associated risks, including stimulant medications (e.g., Ritalin). Prior to starting to prescribe a high-risk medication like a stimulant or an opioid, your physician may require you to sign a contract outlining rules for safe usage and grounds for discontinuing the prescription.

If these prescribing patterns do not seem like a good fit for your needs, please identify this to physician for discussion.

## Results

The College of Physician's & Surgeon's has asked that we get away from the thinking "No news is good news." With healthcare evolving continuously, there is room for "errors." Going from paper to electronic is an ongoing transition and results are delivered to our clinic via mail, fax, or electronically. With these multiple platforms, not always do we receive results.

You must book a follow up with our clinic to receive your results. It is good practice to book a follow-up appointment if you are going for investigative blood work and investigations such as x-rays, ultrasounds, CT scans, MRI's, etc. We will not provide any abnormal results over the phone. It should also be noted that unless your physician has identified that your results are "normal," our staff are unable to provide any information regarding your results to you.

### Demographic Updates

At every visit you will be asked to confirm your demographic information. We do this to ensure that your information is always up to do and current. We mail items to patients, as well as referrals to specialists and investigative facilities often send appointment notifications through the mail or via email. It is important to keep your demographic information up-to-date as much as possible.

**Thank you for taking the time to read and review our Clinic Policies and Procedures. If you have any questions for us, please talk to one of our team members.**

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INUSA AMIKE, M.D. Family Physician

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## Confirmation of Review of Clinic Policies & Procedures

I acknowledge that I have been provided the Policies & Procedures for *Brilz Associate Clinic*.
Please acknowledge that you have read and reviewed the following sections within the Policies and Procedures by initialling next to each box:

- ☐ **Booking an Appointment**
- ☐ **Urgent Issues**
- ☐ **Preparing for your Appointment**
- ☐ **Annual Visit**
- ☐ **Prescription Renewals**
- ☐ **No Available Walk-in Services**
- ☐ **Emergencies**
- ☐ **Meet & Greet and Initial Visit**
- ☐ **No-show and Cancellation Policy**
- ☐ **Late Arrival Policy**
- ☐ **Forms**
- ☐ **Zero-tolerance Harassment Policy**
- ☐ **Uninsured Services**
- ☐ **Opioid, Benzodiazepines, Sleep Aid and Stimulant Medications**
- ☐ **Results**

**I acknowledge that I have read the policies and procedures for *Brilz Associate Clinic* and agree to adhere to them.**

_____

**Name**

_____

**Signature**

_____

**Date**

# Patient Medical History Form

## Demographic Information

| First Name | Middle Name | Last Name |
|---|---|---|
| | | |

| Maiden Name (if applicable) | Preferred Name | Gender ☐ Male ☐ Female ☐ Other |
|---|---|---|
| | | |

| Date of Birth (dd-Mon-yyyy) | Marital Status ☐ Single ☐ Common-Law ☐ Married ☐ Widowed ☐ Divorced ☐ Other_____ |
|---|---|
| | |

| Address | City/Town | Province | Postal Code |
|---|---|---|---|
| | | | |

Preferred Contact: ☐ Home ☐ Cell ☐ Work

| Home Phone | Cell Phone | Work Phone |
|---|---|---|
| | | |

**Email Address:**

## Emergency Contact

| Name | Relationship to You | Contact Number |
|---|---|---|
| | | |

## Allergies

☐ **No known Allergies**

| **Allergen** | **Reaction** (anaphylaxis, swelling, rash, nausea, vomiting, fever, etc) | **Allergen** | **Reaction** (anaphylaxis, swelling, rash, nausea, vomiting, fever, etc) |
|---|---|---|---|
| | | | |
| | | | |

## Medications (Please list all medications that you are currently taking

☐ **No Medications**

**Which Pharmacy do you primarily use? _____**

## Supplements ☐ None

Please circle any supplements that you are taking:
Calcium / Vitamin D / Vitamin C / Multivitamin / Iron / Fish Oil / Potassium / Fiber / Selenium / Melatonin / Probiotic
Other: _____

## Hospital Admissions/Surgical & Broken Bone History (please use provided spaces below)

☐ **No Previous Surgical History**

| Year | Illness or Operation | Year | Illness or Operation |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

FLIP OVER

**Have you ever broken any bones or experienced a fracture? ☐ YES ☐ NO**
If yes, where? _____ Do you have any metal screws? ☐ YES ☐ NO

## Medical History

Have you ever been treated for any of the following medical conditions? Please indicate year diagnosed.

- ☐ Crohn's Disease
- ☐ Irritable Bowel
- ☐ Acid Reflux / Heartburn
- ☐ Respiratory Problems
- ☐ Cancer
  Type: _____
- ☐ Arthritis / OA / RA
- ☐ Heart Disease
- ☐ Fibromyalgia
- ☐ Thyroid Problems
- ☐ Diabetes
  Type: _____
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Depression / Anxiety
- ☐ Migraine Headaches
- ☐ ADHD
- ☐ Additional medical conditions:
  _____
- ☐ Anemia
- ☐ Epilepsy / Seizures
- ☐ Osteoporosis
- ☐ Multiple Sclerosis
- ☐ Asthma

☐ **No Medical History to Report**

## Family History

Please check off any known medical problems for any relatives and assign accordingly

| Medical Problem/Issue | Family Member | Medical Problem/Issue | Family Member |
|---|---|---|---|
| ☐ Diabetes | _____ | ☐ Breast Cancer | _____ |
| ☐ Heart Disease | _____ | ☐ Colon Cancer | _____ |
| ☐ High Blood Pressure | _____ | ☐ Ovarian Cancer | _____ |
| ☐ High Cholesterol | _____ | ☐ Prostate Cancer | _____ |
| ☐ Alcohol Abuse | _____ | ☐ Skin Cancer | _____ |
| ☐ Depression | _____ | ☐ Other _____ | _____ |

☐ **No Known Family History to Report** ☐ **Unknown-Adopted**

## Social History

**Occupation:**
- ☐ _____
- ☐ Homemaker
- ☐ Unemployed
- ☐ Retired

**Education Level**
- ☐ High School
- ☐ College
- ☐ University
- ☐ Technical School
- ☐ Other _____

**Residence**
- ☐ Apartment
- ☐ Condo
- ☐ House
- ☐ Farm / Acreage
- ☐ Manor
- ☐ Points West Living
- ☐ Other_____

**Alcohol**
- ☐ None

Beer / Wine / Liquor / Other
(Circle Applicable)
Number of Drinks: _____/
day /week / month / year

**Tobacco/Smoking**
- ☐ Non-Smoker
- ☐ Ex-Smoker
  Quit Date: _____
- ☐ Smoker
  Cigarettes _____/ day
  Years Smoked _____
- ☐ Chew _____/ day
- ☐ Vape
- ☐ Cannabis/Marijuana /CBD Oil

**Drug Use Status**
☐ Never ☐ Past ☐ Current

If current, how often (circle):
Rarely, Occasionally Regularly

**Caffeine**
- ☐ None
- ☐ Coffee _____/ day
- ☐ Tea _____/ day
- ☐ Soda _____/ day

**Sleeping Habits**
Average hours of sleep per night: _____

**Would you consider your sleep:**
- ☐ satisfactory
- ☐ occasionally disturbed
- ☐ mostly disturbed

Type (circle applicable):
Marijuana/cocaine/heroin/
Ecstasy/Mushrooms/Fentanyl
Meth/Opioids/PCP
Other:

**Eating Habits**
(Check all that apply)
- ☐ Poor
- ☐ Could be better
- ☐ Well-balanced
- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-free
- ☐ Carb-free
- ☐ Dairy-free
- ☐ Other_____

**How often do you exercise?**
- ☐ Never
- ☐ once or twice a year
- ☐ a few times a month
- ☐ 3 -5 times a week
- ☐ Every Day

## Routine Questions Asked for Investigations [ CHECK ALLTHAT APPLY]

| | Y | | Y | | Y |
|---|---|---|---|---|---|
| Liver Disease | ☐ | Metal Pin, Plate, Screw Type: _____ | ☐ | War injury, gunshot, metal fragments | ☐ |
| Renal Disease | ☐ | | | | |
| Renal Failure | ☐ | Aneurysm surgery or clip | ☐ | Welder, machinist, sheet metal worker | ☐ |
| Renal Dialysis | ☐ | Coronary Artery Stent. Material _____ | ☐ | | |
| Diabetic | ☐ | | | Eye / head metal foreign body | ☐ |
| Hearing Aid | ☐ | Coronary artery, heart valve surgery | ☐ | Deep Brain Stimulator | ☐ |
| Inner ear implant | ☐ | | | Central Venous Catheter | ☐ |
| Claustrophobic | ☐ | Cardiac Pacemaker or defibrillator | ☐ | NONE APPLY | ☐ |

## Please Sign and Date

| Signature | Date Completed |
|---|---|
| | |