



Information for Patients

The North Simcoe Virtual Care Clinic

The purpose of the NSVCC clinic is to provide access to primary care for North Simcoe area residents who do not have access to a Family Physician or Nurse Practitioner.

A Nurse will be with you during your visit. Your visit will take place in a typical medical office examination room except there will be telemedicine equipment which will be used to connect you with the provider. This is called telemedicine and it is used commonly in Ontario and other parts of Canada. For those of you familiar with Skype or Whats App, this is similar except the system we are using is called the Ontario Telemedicine Network (OTN) and it is operated solely for health care uses by the government of Ontario.

The technology is used because it is confidential and allows us to conduct patient visits securely . We will also be using some special equipment, for example, a stethoscope which is electronic, allowing the physician to hear as clearly as if he or she was in the room with you. Occassionally we will encounter some technical glitches but these usually get smoothed out quickly.

There are some limitations with the technology. If the physician is of the opinion that the clinic is not suitable to adequately address your health concerns we will let you know as soon as we can and direct to you other health care facilities.

Even though you are registered for an appointment today, if you feel uncomfortable with this process you are certainly under no obligation to stay , just let us know. Many patients find that after a few minutes it feels like the physician is in the same room . If you need to come back for follow up, we will book that appointment before you leave. We can refer to the same specialists and programs as other physician offices.

The North Simcoe Family Health Team is our partner and they have kindly agreed to open many of their programs and services to our patients. Our Nurse will let you know if there are any programs and services that you may wish to attend.

Thank you for visiting us !

In good health,

Sam Berman B.Sc(Econ) LLB LLM

Director

The Virtual Family Physician Network

Protected: Personal and Confidential When Completed

The North Simcoe Virtual Care Clinic

Please complete the following questions which will help us provide appropriate care for you. If you don't know an answer please indicate this (if you forget the name of a medication or dose, say so but tell us what the medication is for).

1. Name: _____ Age _____
Health Card # _____ Version Code: _____

2. Address: _____

(postal code) (telephone number daytime)

3. List all medications including over the counter medicines and herbal or other medicines:

a) _____ c) _____ e) _____
b) _____ d) _____ f) _____

4. List any medical conditions you have (knowing these conditions is important for your treatment plan including medications):

a) _____ c) _____ e) _____
b) _____ d) _____ f) _____

5. List any known allergies or sensitivities:

a) _____ b) _____ c) _____

6. Specialists: Are you or have you been under the care of a Specialist: please provide name(s) and reason: _____

7. The reason for your visit. It is helpful to know the general reason for your visit: _____

8. Name of previous family doctor or nurse practitioner if any and location: _____

9. Name of preferred pharmacy (we will fax prescriptions directly to your pharmacy): _____

10. If you want to add any information, please do so here: _____

The North Simcoe Virtual Care Clinic

Patient Consent

I, the undersigned, have reviewed the North Simcoe Virtual Care Clinic Information for Patients and I have completed the Patient Questionnaire. The information I provided in the Patient Questionnaire is true and accurate to the best of my information. If I did not know the answer to a question I indicated this.

I am aware that my visit will be conducted through the Ontario Telemedicine network, a secure internet pathway, of the Government of Ontario for purposes of conducting health care examinations and consultations.

I understand that although the Virtual Care Clinic is located within the North Simcoe Family Health Team premises, my care will be provided independently, by a physician of the Virtual Family Physician Network. I have been informed that my patient record can be accessed by writing to the Virtual Family Physician Network or by requesting it from the Nurse. If health services are provided by the North Simcoe Family Health Team, either by referral or self-referral, a separate and independent health record will be created.

I am also aware that the Physician may determine that he or she is unable to conduct an examination or investigation because of the limits of the technology. I am also aware that there may be some medical and health issues which are not appropriate for this type of patient visit. I have been advised that in these circumstances I will be referred to another medical provider, clinic or hospital.

I consent to attending the session with the Physician and with a Nurse present (if you do not want the Nurse to attend with you please indicate here by marking an X ____). This request may also be made on a case by case basis at the time of the appointment.

I also agree to the transfer of my health information including this Consent, the Patient Questionnaire and the Physicians' patient record to the North Simcoe Family Health Team in the event I accept a referral to a Physician or Nurse Practitioner associated with the Health Team unless otherwise determined. I also agree to the transfer of my health information including this Consent, the Patient Questionnaire and the Physician's patient record to the Georgian Bay General Hospital or any other Hospital in the event I am referred to a hospital for care and/or follow up unless otherwise determined.

I agree to follow the conditions outlined by the North Simcoe Family Health Team Zero Tolerance Policy (see attached), understanding the potential responses of the FHT and the VCC for violation.

Signature

Dated : _____

Print Name