

Physician Wait List Form

The Upper Ottawa Valley Medical Recruitment Committee (UOVMRC) has taken the lead in developing a process to track individuals who are without a family physician and wish to be on a waiting list for a family physician.

The form is for use by people living in the catchments area of the Upper Ottawa Valley Medical area which includes; the City of Pembroke, Townships of Laurentian Valley, North Algona/ Wilberforce, Bonnechere Valley, Township of Whitewater Region and the Algonquins of Pikwakanagan.

Interested persons have 2 options:

1) Mail their completed form to: UOVMRC, Family Physician Wait Form, Box 641. Pembroke, Ont. K8A 6X9

OR

2) Fill the form out Online at www.theottawavalley.com/physicianwaitlist

Data will be filed, in confidence, in a secure location, by date of receipt. New family physicians or those wishing to add patients to their practices may access the list to acquire new patients

Family Physician Practices are advised to inform people inquiring about getting a doctor to pick up a form and submit it as soon as possible to the Upper Ottawa Valley Medical Recruitment Committee.

Registration on the waiting list does not guarantee that an individual will obtain a family physician. If individuals are not called following submission of their form it means that a doctor is not available. For that reason, people are advised NOT to contact the UOVMRC inquiring about their status on the waiting list.

Please see reverse of this page to complete the Wait List Form.



Upper Ottawa Valley Medical Recruitment Committee

FAMILY PHYSICIAN WAIT LIST FORM

Patients in the Upper Ottawa Valley Catchment Area

Includes: City of Pembroke, Cobden, Townships of Laurentian Valley, North Algona/ Wilberforce, Bonnechere Valley and the Algonquins of Pikwakanagan First Nations

OPTION: visit www.theottawavalley.com/physicianwaitlist to fill the form out Electronically

PATIENT NAME: First name, initial and last name

YOUR SPOUSE/PARTNER (only if a doctor is needed) : First name, initial and last name

ADDRESS:

E-Mail:

PHONE with area code:

Number of CHILDREN under 18, if children are over 18 please fill out a separate form

NAME OF LAST FAMILY PHYSICIAN: (If you have a local family physician please do not register)

ADDRESS: City/Province

Approximate DATE OF LAST VISIT:

****ATTENTION RESIDENTS of PETAWAWA** Please contact the Petawawa Centennial Centre to be part of their list (613-687-7641)**

Signature: _____

Date: _____

**MAIL TO: U.O.V.M.R.C
FAMILY PHYSICIAN WAIT LIST
P.O.Box 641
Pembroke, ON K8A 6X9**

PLEASE NOTE: These applications will be kept in confidence and made available to new physicians coming to the community and to other physicians taking new patients. If you have not been called it is an indication that no family physician is available at this time. PLEASE REFRAIN FROM CALLING the Upper Ottawa Valley Medical Recruitment Committee for information about your status on the wait list.

Waiver: Those involved in organizing this process cannot assure that a family physician accepts any patient. All those involved have been asked to work collaboratively to assist and support this process. However, it must be understood that being on the list does not guarantee a placement with a family physician.