

## PHYSICIAN REQUEST FOR CARE CONFERENCE

TO: FROM:  
 Phone # Fax # Phone # Fax #

**Please contact my office to schedule a 15-minute care conference with me for the following patient.**

PATIENT/CLIENT INFORMATION		
Last Name:	First:	Middle:
PHN:	DOB (YYYY-MM-DD):	PARIS ID (for VCH only):
Physician:		

**MSP Billing:**

- For GP's participating in the "A GP for Me" Attachment Initiative only: use GP Attachment Patient Conference Fee G14077
- For all other GP's: use Community Patient Conferencing Fee G14016

**Is this care conference required urgently? (i.e. within 72 hours)**     Yes     No

**Patient/Client/Family to Attend Care Conference?**     Yes     No

**OPTIONAL:** You may suggest disciplines for the care conference. *Please note that not all disciplines may be available at the requested time or involved in your patient's care).*

- OT     PT     Case Mgr     Comm Health Nurse     Dietitian     Wound Clinician     Palliative Nurse     Team Lead  
 Comm Health Worker     Other:

### PATIENT/CLIENT CARE CONCERNS TO BE DISCUSSED

1.	
2.	
3.	

### CONFERENCE DETAILS *(to be completed by VCH & faxed back to GP office)*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**To join the conference, please call:**

- Disciplines confirmed for conference:  OT     PT     Case Mgr     Comm Health Nurse     Dietitian     Wound Clinician  
 Palliative Nurse     Team Lead     Comm Health Worker     Other:

**To cancel or reschedule, please call:** \_\_\_\_\_ **at** \_\_\_\_\_