



New Practice Posting

Contact Info	
Office contact	
Clinic Name	
Clinic Address	
Phone	
e-mail	

Position Description				
Position Description				
Permanent	Full-time		Part-time	
Locum	Start Date		End Date	

Practice Profile and Description					
Clinic/Staff Description					
Solo <input type="checkbox"/> Group <input type="checkbox"/>	# of physicians		Call: 1 in		
Physicians in call group					
Call group name				Call location	
Number of patients:	Rostered		Not rostered		seen per day
Support Staff	Office Mgr.				Hours
	Receptionist				Hours
	Bookkeeper				Hours
	Other staff				Hours
Allied Health Care Professional	Nurse <input type="checkbox"/>	Nurse practitioner <input type="checkbox"/>	Social Worker <input type="checkbox"/>		
	Dietician <input type="checkbox"/>	Psychiatrist <input type="checkbox"/>			
	Others <input type="checkbox"/>				
Describe weekday and weekend protocol	Patient Profile	Languages spoken			
	Demographics	Languages spoken to patients			
	Age	Research opportunities			
		Teaching opportunities			

For Office Use Only		
HFO Jobs #	Access #	Opps List

Hospital Privileges	<input type="checkbox"/> HHS	<input type="checkbox"/> St.JH	<input type="checkbox"/> J. Brant	<input type="checkbox"/> Others
Telehealth <input type="checkbox"/>	Papercharts <input type="checkbox"/>	EMR Software <input type="checkbox"/>	Academy Member <input type="checkbox"/> Yes <input type="checkbox"/> No	

Expenses		
Overhead	Fixed	
	Variable	
	Direct	

Practice Hours				
Monday	Tuesday	Wednesday	Thursday	Friday

Practice Environment					
# of Exam rooms		Computers in exam rooms		CME/PBSG	
Charting area		Procedure room		Illness	
Lab		x-ray		Vacation	
Physio		Pharmacy		Parking	

Compensation							
Locum	Hourly <input type="checkbox"/>	Per Diem <input type="checkbox"/>	Per Diem + FFS split <input type="checkbox"/>	Fee-for-Service <input type="checkbox"/>			
Permanent	FFS <input type="checkbox"/>	FHG <input type="checkbox"/>	FHT <input type="checkbox"/>	FHO <input type="checkbox"/>	CCM <input type="checkbox"/>	CHC <input type="checkbox"/>	
Additional Income	Call <input type="checkbox"/>	Nursing Homes <input type="checkbox"/>	Obstetrics <input type="checkbox"/>	Other <input type="checkbox"/>			

Notes:

Please complete and return to me so that I may assist you in finding a physician for your practice. The information will be posted on the Health Force Ontario website at www.hfojobs.ca. Please indicate if you would prefer identifying information confidential, so that inquiries can be directed to me. The form may be faxed or e-mailed to:

Jane Walker
 Hamilton Physicians
 Phone: 905-528-7681; Fax: 905-528-7173
jane@hamiltonphysicians.ca