

## Family Physician Survey

The [insert towns/municipalities] are collaborating on a family physician recruitment and retention strategy. We want to hear about your current ability to access primary healthcare.

Please complete this short, **two minute survey** to aid us in collecting data to help recruit new physicians and improve access to primary healthcare in our area.

**Please note that information gathered in this survey will be shared by the [insert towns/municipality] for Physician recruitment purposes only.**

**1. Which town or municipality are you a full time resident in?**

- a. The Town of The Blue Mountains
- b. Township of Clearview
- c. Town of Collingwood
- d. Municipality of Grey Highlands
- e. Municipality of Meaford

**2. What is your age?**

[would take direction from age groupings most commandingly used by municipalities].

**3. Do you currently have a family physician or nurse practitioner providing primary care?**

Yes\_\_\_ Please answer Q 4 & Q6  
No\_\_\_ Please answer Q 5 & Q6

**4. Is your primary care provider located within your town or municipality?**

Yes\_\_\_  
No\_\_\_

**If No, please indicate where your primary care provider is located**

Collingwood  
Creemore  
Dundalk  
Flesherton  
Markdale  
Meaford  
Owen Sound  
Stayner  
Thornbury  
Clarksburg  
Wasaga Beach  
Other

**If your primary care provider is not in your community would you be interested in registering with a provider if one became available in your community?**

Yes \_\_\_\_

No \_\_\_\_

**5. How many other people currently living in your household do not have a family physician?**

- 1, 2, 3, 4, 5, and 6+

**Please provide some additional comments as to why not below.**

**6. Health Care Connect?**

Health Care Connect refers Ontarians who don't have a physician to a family health care provider who may be accepting new patients. Unattached patients can call or go online to [ontario.ca/healthcareconnect](https://ontario.ca/healthcareconnect) to register with the program. To successfully register, unattached patients must have a valid OHIP card

**Have you heard of Health Care Connect?**

Yes \_\_\_\_

No \_\_\_\_

**Have you registered with Health Care Connect?**

Yes \_\_\_\_

No \_\_\_\_

**7. Please provide any additional comments or concerns that you may have below:**

Personal information contained on this form is collected under the Municipal Freedom of Information and Protection of Privacy Act and will be used to respond to your request. Questions about this collection should be directed to the [\[insert contact details\]](#)

DRAFT