



# REQUEST TO CHANGE DESIGNATED FAMILY DOCTOR / NURSE PRACTITIONER



Form ID: MSXX107592C

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Page: 1 of 1

**Please PRINT using black or blue ballpoint pen.**

This form:

- is only for changing the listed family doctor/nurse practitioner of individual patients previously admitted to a FH Hospital.
- must be stamped and/or signed by the family doctor/nurse practitioner.
- must be **faxed** or **e-mailed** to **Central Intake** (FH Registration) at **604.521.0510** or **HIMRegRCH@fraserhealth.ca**

*Each field marked by an asterisk (\*) must be completed.*

Section 1 - Patient Information		
Personal Health Number (PHN) *	Date of Birth (yyyy/mm/dd) *	Sex * <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Last Name *	First Name *	Middle Name
Facility Name (if in Long-Term Care)		
Street*	Street 2 / Apt / Suite	City *
Postal Code *	Home Phone *	Other Phone

Section 2 - Family Doctor/ Nurse Practitioner Information	
<input type="checkbox"/> <b>New Family Doctor/Nurse Practitioner</b>	<input type="checkbox"/> <b>Remove Family Doctor/Nurse Practitioner</b>
The below practitioner is to be added as the above patient's family provider.	The below practitioner is no longer providing care for the above patient. Please remove their name from the patient's record going forward.
Last Name *	DR or NP Signature or Stamp *
First & Middle Name *	
MSP No. *	