Operation Family Doc - Family Referral Form
Military Family Resource Centre – National Capital Region

Please note dependants of CAF members, releasing / retiring CAF members and their dependants are eligible.

1. Patient's Name: ____ **Age:** ________
Patient's Name: ____ **Age:** ________
Patient's Name: ____ **Age:** ________
Patient's Name: ____ **Age:** ________
Patient's Name: ____ **Age:** ________

2. Telephone Number: ____

3. Email: ____

4. Unique considerations: ____ **Urgent** ☐

5. Physician preferences: **Male** ☐ **Female** ☐ **Either** ☐

6. Language you require your doctor to speak. ______________________________________

7. Medical coverage: **OHIP (Ontario)** ☐ **RAMQ (Quebec)** ☐ **Other:** ___________________

8. Local area where you live. Please include postal code. ____________________________

9. For verification of eligibility for this program the CAF member may be contacted.
Name of CAF member: ______________________________
Rank of CAF member: ______________________________
Service Number of CAF member: ________________________

10. Current status of CAF member: **Serving** ☐ **Retiring** ☐ **Releasing** ☐

11. Date referral is required: ____________________________

12. Please indicate how you learned about the OFD Program: __________________________

13. Form completed by: ____________________________ **Date submitted:** _______________

Note: Please ensure that you inform your doctor when you change doctors as another family may be waiting.
Consent: By submitting the completed *Operation Family Doc* Family Referral Form you, and the individuals listed above, consent to the collection, use and disclosure of the information in this form by *Operation Family Doc* of the Military Family Resource Centre - National Capital Region (MFRC-NCR) for the purpose of determining your eligibility for the program, obtaining a referral to a physician, and managing the *Operation Family Doc* program. You also consent to the disclosure of this information to physicians in Ontario and Quebec for the purpose of obtaining a referral. The *Operation Family Doc* Full Privacy Notice is available at http://cafconnection.ca/ncr/ofd. ***Disclaimer:*** MFRC-NCR and the Academy of Medicine Ottawa are not involved in the patient-physician relationship beyond the introduction.

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