

**Dear Student: Welcome to Thompson Rivers University Health Services!**

We encourage you to use Health Services as your primary point of medical/health care while at university, especially, if you do not have a family physician in Kamloops. We do work closely as a team, so any practitioner can help you. Please ensure TRU Medical Clinic is named as your primary care clinic if you go to the hospital, lab or x-ray departments, and results will be forwarded here to your medical record.

**Client Information**

Last Name:	First Name:	TRU Student #:	Course/ Faculty:
Preferred Name &/or pronouns:	Phone:	Email (PRINT CLEARLY):	
Address:		Emergency Contact: Phone number:	Emergency Contact Relationship:
City:	Postal Code:	Sex assigned at Birth:	Gender Identity:
Personal Health #:	Birth Date: MM/DD/YYYY	International Coverage: Guard.me <input type="checkbox"/> NUMBER:	International Student: If yes, what Country:
Province:			
<b>Current Medical Issue (reasons you wish to see doctor )</b>			
<b>Allergies: Please list any allergies (medications and environmental):</b>			
Have Childhood Vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Do you Smoke Tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you drink alcohol, how many drinks in the past week?	Height:  Weight:

<b>Past Medical History:</b> Serious illness, injury, conditions requiring treatment: (eg. Psychiatry, chronic illness, concussion, etc)	Name of Family Physician: (Not at TRU)
List hospitalization / surgeries and reasons:	

<b>Medications: Please list current medications and dosages (include supplements)</b>
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PRIVACY NOTIFICATION AND CONSENT

TRU Medical Clinic

Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC *Freedom of Information and Protection of Privacy Act* (the FIPPA).

Your personal information is being collected and will be used for the purposes of your medical assessment and treatment, to administrate your medical care, and communicate with you.

The TRU Medical Clinic collects the following personal information about you: identification, contact information, student number, health information, emergency contact details, gender identity, healthcare number, date of birth, billing information, and if you are an international student your home country. The collection of this information is permitted under section 26(c) of the FIPPA, and will be retain in accordance with TRU's Records Retention/Destruction Policy.

Under section 33.1 (1)(b) of the FIPPA, TRU may disclose relevant personal information to third parties to provide medical referrals to other health care professionals, and facilitate direct billing with your medical insurance provider. As required under this section of the FIPPA, by signing this form you are consenting to the disclosure of your personal information for these purposes.

☐

I have read the above, understand it, and agree to it.

(Signature)

(Date)

For further information about this privacy notice and consent, please contact the Medical Office Assistant at the TRU Medical Clinic, by calling 250-828-5126, or by mail at: 805 TRU Way, Kamloops, BC V2C 0C8. Alternatively you may contact the Privacy Office at [privacy@tru.ca](mailto:privacy@tru.ca). This form will be retained as part of your medical file.

**Access after Graduation/Post TRU Employment:** please note that once you are no longer a student or employee of TRU, you will not be able to access the clinic; however, your records will be available to your next health care practitioner with the completion of a Consent to Release Medical Information form, which is initiated by you and your practitioner and sent to our clinic.

\_\_\_\_\_  
Student Signature:

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

## PHARMANET

### Patient Consent to Access PharmaNet

The Province of British Columbia has established the provincial pharmacy network and database known as “PharmaNet” pursuant to section 37 of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, R.S.B.C. 1996, c. 363, and which may be continued pursuant to the section 13 of the *Pharmacy Operations and Drugs Schedule Act*, S.B.C., 2003, c. 77 should be proclaimed in force during the term of this Agreement.

I, \_\_\_\_\_, authorize TRU Medical Clinic Staff  
Name of Patient

and persons directly supervised by the physician to access my personal health information contained within PharmaNet for the purpose of providing therapeutic treatment or care to me, or for the purpose of monitoring drug use by me.

I understand that withdrawal of this consent must be in writing and delivered to the above-mentioned clinic.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed and delivered by

Dear TRU Medical Clinic Patients

Please ensure you arrive on time for your doctor's appointment and cancel with at least 24 hours' notice. We work really hard to provide timely and quality care to as many people as possible. If you miss your appointment or do not cancel within 24 hours, you will be charged a \$40.00 fee that must be paid in order to book a future appointment.

Please note, if you require forms filled out there are fees for our time, as MSP does not cover these costs. The following outlines all the form service fees:

No MSP	\$50.00
Accessibility forms	\$40.00
Drivers Medical	\$100.00
Forms (per page)	\$20.00
Doctor's Sick Note	\$20.00
Work/Sports Physical exams	\$50.00
Liquid Nitrogen (cosmetic)	\$10.00

Please sign below to acknowledge the above agreement with our clinic.

Thank you,

TRU Medical Clinic Team

Patients Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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