EMPANELMENT RESOURCE 7: EXAMPLE PCP CHANGE REQUEST FORM[1]

PCP Change Request Form

To change your primary care provider (PCP) at [Health Center Name] to another primary care provider, please complete this form.

Patient Information

Patient ID:

Patient Name:

Request initiatied by: (Patient or Provider):

Signature of Patient, Parent or Guardian:

Date:

PCP Change Information

Current PCP:

Current Assigned Clinic:

Requested Effective Date of Change:

Staff Member Conducting PCP Change:

Reason for Change (select all that apply)

- PCP Gender
- PCP Location
- Quality of Care
- PCP Hours Did Not Fit Patient Need
- Provider Requested Change
- Other
- Language Communication Barriers
- Wait Time in Provider Office

New PCP Information

New PCP:

New Assigned Clinic:

1. Coordinated Care. PCP Selection and Change Form; [[cited 2023 July 13]. Available from: https://www.dochub.com/fillable-form/105553-pcp-change-form-coordinated-care-health.