



PEER REQUEST FOR SERVICE

Request ID (For Internal Use Only) _____

Section 1: ***Completed by EMR Program Only***

Change Management Advisor Name:		Date:	
Change Management Advisor Email:		Telephone:	
Request Urgency:	<input type="checkbox"/> Immediate	<input type="checkbox"/> Within 1 – 2 weeks	<input type="checkbox"/> 3 weeks +

Section 2: Clinic/Facility Information

Clinic/Facility Name:				
Clinic/Facility Address:				
Clinic/Facility Contact Name:				
Clinic/Facility Contact Phone:				
Clinical Composition:	# of Practitioners:		# of Office Staff:	
	Discipline/Type of Practice:			
	Patient Volume per Day:			

Section 3: Peer Session Recipient Information ***Completed by Session Recipient Only***

For sessions other than One-on-One please **designate a lead recipient** for contact purposes and to complete Section 5 and Section 6.

Number of Recipients:	<input type="checkbox"/> One-on-One	<input type="checkbox"/> Small Group	<input type="checkbox"/> Large Group
Recipient Name(s):			
Recipient Role(s):	Physician: <input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialist Type of Specialist:	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse <input type="checkbox"/> Office Staff <input type="checkbox"/> Other:	
(Lead) Recipient Direct Phone:			
(Lead) Recipient Email:			

Section 4: Main Clinical Software Application Information

Vendor Name:	
Date Implemented:	

Cancellation Policy: We require 1 weeks' notice to cancel a Peer session. Please remember the Peer is clearing their schedule to host your Peer session. To cancel a Peer session please email: p2prequest@ehealthsask.ca

Section 5 and Section 6: ***Completed by the (Lead) Session Recipient Only***

Section 5 a): Check all that apply with regards to your area(s) of interest for the Peer session.

- | | |
|---|--|
| <input type="checkbox"/> General information | <input type="checkbox"/> Lessons learned/best practices |
| <input type="checkbox"/> How to" question(s) | <input type="checkbox"/> Workflow assessment, identification |
| <input type="checkbox"/> Problem solving discussion | <input type="checkbox"/> Workflow development |

Section 5 b): Please describe in detail below what you would like the Peer to focus on in your session.

Section 6: Scheduling your Peer Session (indicate all that apply below)

Preferred Day: Mon Tue Wed Thu Fri Sat Sun

Preferred Time of Day: During Business Hours Evenings Weekends

Specific Date or Date Range:

Estimated Time You are Available for the Session: 2-3 Hours 4-6 Hours Days

IMPORTANT: Submit by Email functionality is only available in Internet Explorer or Adobe Reader

By clicking on the "Submit" button you are agreeing to email the form to both eHealth Saskatchewan and the Saskatchewan EMR Program.

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