



# Family Physician of the Year 2023 Nomination Form

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

Physician's Name: \_\_\_\_\_

Physician's Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Phone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physician's Residency Program: \_\_\_\_\_

Board Certified:  Yes  No LAFP Member?  Yes  No

Member in good standing?  Yes  No

Total years in practice: \_\_\_\_\_

Practice Type:  Solo  FP group  Multi-specialty group  HMO  Other

Is the member's practice recognized as a patient-centered medical home?  Yes  No

If yes, by which entity? \_\_\_\_\_

Please describe how the physician exhibits the following criteria:

- 1) Provides his/her patients with compassionate, comprehensive and caring family medicine on a continuing basis:
  
- 2) Is directly and effectively involved in community affairs and activities that enhance the quality of his/her community.

- 3) Acts as a credible role model professionally and personally to his/her community, to other health professionals, and residents and medical students:**
  
- 4) What one characteristic makes this person stand out among his/her colleagues?**