

Questionnaire (Please print legibly or type into this form)					
Logistics					
Clinic Name:					
Clinic Address:					
Clinic Hours:					
Practice Operations					
Are you looking for a full or part-time physician?				F/T	P/T
Do you have a walk-ins?				Yes	No
Services					
Do you offer any special services at your clinic?				Yes	No
If yes, what ones?					
Are medical procedures performed in your clinic?				Yes	No
Daily Practice					
What are your clinic appointment times?					
Do you use an EMR? If so, which one? _____				Yes	No
Physician Preference/Practice Style					
Any special language requirements? (please state if so)					
Are there areas of special interest in your clinic? (such as sports med, geriatrics, obstetrics)					
The team					
What type of staff and allied health professionals do you have in your clinic?					
MOA	Yes	No	HMN	Yes	No
Receptionist	Yes	No	Pharmacist	Yes	No
RN/LPN	Yes	No	Other: (please state)		
BHC	Yes	No			
Vacation					
Do you have locum coverage or does the physician find his/her own locum?					
Other (comments):					
Patient Panel					
Would you like the physician to take on new patients?				Yes	No
Would you like the physician to come to your clinic with a full panel?				Yes	No
Clinic contact person for physician to contact: _____					
Phone: _____			Email: _____		
Additional comments:					