

|  |     |    |                       |     |     |
|--|-----|----|-----------------------|-----|-----|
| <b>Questionnaire</b> (Please print legibly or type into this form)                               |     |    |                       |     |     |
| <b>Logistics</b>   |     |    |                       |     |     |
| Clinic Name:   |     |    |                       |     |     |
| Clinic Address:  |     |    |                       |     |     |
| Clinic Hours:  |     |    |                       |     |     |
| <b>Practice Operations</b>   |     |    |                       |     |     |
| Are you looking for a full or part-time physician?   |     |    |                       | F/T | P/T |
| Do you have a walk-ins?  |     |    |                       | Yes | No  |
| <b>Services</b>  |     |    |                       |     |     |
| Do you offer any special services at your clinic?<br>If yes, what ones?                          |     |    |                       | Yes | No  |
| Are medical procedures performed in your clinic?   |     |    |                       | Yes | No  |
| <b>Daily Practice</b>  |     |    |                       |     |     |
| What are your clinic appointment times?  |     |    |                       |     |     |
| Do you use an EMR? If so, which one? _____   |     |    |                       | Yes | No  |
| <b>Physician Preference/Practice Style</b>   |     |    |                       |     |     |
| Any special language requirements? (please state if so)  |     |    |                       |     |     |
| Are there areas of special interest in your clinic? (such as sports med, geriatrics, obstetrics) |     |    |                       |     |     |
| <b>The team</b>  |     |    |                       |     |     |
| 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 |                       |     |     |
| <b>Vacation</b>  |     |    |                       |     |     |
| Do you have locum coverage or does the physician find his/her own locum?                         |     |    |                       |     |     |
| Other (comments):  |     |    |                       |     |     |
| <b>Patient Panel</b>   |     |    |                       |     |     |
| 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:   |     |    |                       |     |     |