

<b>Questionnaire</b> <i>(Please save this PDF to your computer then type into this form, save to your computer, then email)</i>					
<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? 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:					
Line 2:					
Line 3:					
Line 4:					