Practice Information Form
Form Should be Completed by Office Manager or Medical Director – Only One Form Required per Practice

Practice Name: ____________________________________________

Practice Address: __________________________________________

1) Who owns this practice? (Check only one)
- □ Hospital
- □ Physician or Physician group
- □ Health Care Corporation
- □ HMO
- □ Other, Specify: ______________________

2) Is this practice...
- □ Yes □ No ...in a institution setting (nursing home, industry, school, prison)
- □ Yes □ No ...operated by the Federal Govt.
- □ Yes □ No ...a Federally Qualified Health Center

3) How many patients seen in an avg week? ______

4) How many clinicians at this practice? ______

5) Are you currently accepting new patients?
- □ Yes □ No

6) Do you use an Electronic Health Record (EHR)?
- □ Yes □ No
   If yes, Specify which EHR: ______________________
   If no, Check one of the following:
   - □ Will have an EHR in the next 0-6mos
   - □ Will have an EHR in the next 7-12mos
   - □ Will have an EHR in over a year
   - □ No plans to have an EHR at present

7) Does your practice...
- □ Yes □ No ...have internet access available?
- □ Yes □ No ...have Wi-Fi internet access?
- □ Yes □ No ...have computers that can be used for practice research?

8) Please check all insurances accepted by your practice, and estimate the breakdown of your current patient panel. (Checked boxes add up to 100%)
- □ Medicaid; ______ %
- □ Medicare; ______ %
- □ Private Insurance; ______ %
- □ Self-Pay; ______ %
- □ Other; ______ %
   Specify: ______________________

9) Estimate the age breakdown of your patient panel.
- □ Newborn to Age 1 ______ %
- □ Age 1 - 4 ______ %
- □ Age 5 - 12 ______ %
- □ Age 13 - 18 ______ %
- □ Age 19 - 35 ______ %
- □ Age 35 - 55 ______ %
- □ Age 55 - 75 ______ %
- □ Over 75 ______ %

10) Estimate the race breakdown of your patient panel. (Checked boxes add up to 100%)
- □ White ______ %
- □ Black/African-American ______ %
- □ Asian ______ %
- □ Native Hawaiian/Pacific Islander ______ %
- □ American Indian/Alaskan Native ______ %
- □ Other; Specify ______________________

11) Estimate the ethnicity breakdown of your current patient panel. (Checked boxes add up to 100%)
- □ Not Hispanic / Not Latino; ______ %
- □ Hispanic / Latino; ______ %

12) Estimate the primary languages of your patient panel. (Checked boxes add up to 100%)
- □ English; ______ %
- □ Spanish; ______ %
- □ Other(s); Specify: ______ %
   Specify: ______ %

Form Completed By:

Name: __________________________________________

Phone: _________________________________________

E-mail: __________________________________________

Version 1, 9/21/09