Practice Profile – Wake AHEC ORPCE

Name:	**Federal Tax ID#:** ❑ Pay Practice ❑ Pay Preceptor ❑ No Pay (practice is already compensated for teaching students)
❑ Physician owned ❑ Owned by others (specify): _____	
Street Address:	**Office Hours:** Week days: Weekends: Exceptions:
Mailing Address (if different than above)	**Office Contact** (for scheduling rotations & preceptor payment issues) Name/Title: Phone/Ext: E-mail:
Phone:	**Fax:**
Web Address:	**E-mail Address:**
Directions to practice (from I40):	

Practice Location:
- ❑ Rural/Small town (pop.<2,500)
- ❑ Small town or city (pop. 2,500 - <50,000)
- ❑ Large city or suburb of metrop. area (50,000 - 100,000)
- ❑ Large metropolitan area or city (pop. >100,000)

Presenting Complaints:
- ❑ Preventive/Health Maintenance _____ %
- ❑ Chronic/Continuing Care _____ %
- ❑ Acute Episodic Care _____ %

TOTAL 100%

Age of Practice Population:
- ❑ Children (< 18 years) _____ %
- ❑ Younger Adult (19-39 years) _____ %
- ❑ Middle Adult (40-65 years) _____ %
- ❑ Older Adult (>65 years) _____ %

TOTAL 100 %

Average # of patients seen per day _____

Ethnicity of practice population:
- ❑ Asian _____ %
- ❑ Black/African American _____ %
- ❑ Hispanic/Latino _____ %
- ❑ Native American _____ %
- ❑ White _____ %
- ❑ Other _____ _____ %

TOTAL 100%

Practice Type:
- ❑ Family Medicine
- ❑ Internal Medicine
- ❑ OB-GYN
- ❑ Pediatrics
- ❑ Multi-specialty group
- ❑ Other: _____

Number of Physicians:
- ❑ 1 physician
- ❑ 2 – 3 physicians
- ❑ 4 or more physicians

Patient payment method:
- ❑ Self Pay _____ %
- ❑ Private Insurance _____ %
- ❑ Medicare _____ %
- ❑ Medicaid/Healthchoice _____ %
- ❑ Other _____ _____ %

TOTAL 100%

Technology in your office:
- ❑ IBM Compatible computers with Internet access.
  - ❑ Available for student use
- ❑ Electronic Medical Records
- ❑ PDA's: List type_____
- ❑ PDA medical software: List _____
- ❑ Other: _____

List the procedures performed in your office.

How are student rotations coordinated?
- ❑ By Practice
- ❑ By Preceptor

Which do you have in your office?
- ❑ Moderate Complexity Lab
- ❑ X-ray
- ❑ Other
- ❑ Emergency
- ❑ Library
- ❑ Other

Date completed: _____

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Practice Name: _____

Please list all practice members with MD's, PA's, NP's or Pharm. degrees.

Name	Degree	Specialty	Willingness to Precept
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____
			Yes / No / Maybe/ Defer 'til _____

How many other types of personnel work in your practice?

Clinic Staff	Numbers	Business Staff	Numbers
❑ RN		❑ Office Manager	
❑ LPN		❑ Receptionist	
❑ Med. Assistant		❑ Billing Clerk	
❑ Mental Health Counselor		❑ Medical Records Clerk	
❑ Lab Tech		❑ Other	
❑ x-ray Tech		❑	
❑ Phlebotomist		❑	
❑ Other		❑	

Hospital Affiliation:

Name of Hospital(s):
Number of Beds:
Town:
Distance from Practice:

Special Instructions:

Max number of student rotations / month: _____

Indicate any dates the practice is unavailable to precept: _____

What is the typical call schedule for students? _____

List any practice characteristics of interest to students (e.g. home visits, educational activities):

_____
_____
_____
_____
_____

*** Please attach a practice brochure if available.**

Thank you for taking the time to complete this profile.