



Practice Information Sheet

Please complete this sheet and return the top copy to Jenifer today.

Practice Name _____

Team Members (Please indicate with a check mark your preferred contact method – phone, pager, or email.)

| | Name | Office phone (Back line?) | Fax | Pager or cell phone | Email |
|-----------|------|------------------------------|-----|------------------------|-------|
| Physician | | | | | |
| Nurse | | | | | |
| Admin. | | | | | |

You need a Team Leader. This person will be the main contact for your group, and needs to be accessible during the day for phone calls. Usually, the nurse or administrative person is chosen to be the Team Leader.

Team Leader: _____

What are your clinic's days and hours of operation?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Is there a day or time of day that is best to call you? _____

Is there a day or time of day not to call you (e.g., lunch time, staff meeting, etc.)? _____

Does your practice use email? Yes _____ No _____