

Eastern Regional Medical Education Program Family Medicine | Practice Profile

Name: _____ (Optional) Male
Female

Address: _____

E-mail: _____

Tel: _____

Fax: _____

Office location: Urban Rural

Type of practice: Solo Group

Primary language used in practice: English French Other

Specify: _____

Practice Characteristics:

All ages well represented

Please rate your level of activity for the following clinical activities

Pediatrics: Prominent Average Infrequent None

Geriatrics: Prominent Average Infrequent None

Adolescent Health Prominent Average Infrequent None

Psychotherapy/Mental

Health Counseling Prominent Average Infrequent None

Sports Medicine Prominent Average Infrequent None

Occupational Health Prominent Average Infrequent None

Obstetrics Prominent Average Infrequent None

If you provide OB care what is the description of your activity:

Full Care Ante-natal care only Shared care

Average number of pregnant women you care for per year _____

Active In-Hospital Care Frequent Infrequent None

Supportive Hospital Care Frequent Infrequent None

Newborn Care Frequent Infrequent None

Nursing Home Visits:

Frequent (>3/wk) Infrequent (1-3/wk) None

Shifts in Emergency

Frequent Infrequent None

House Calls

Frequent (>3/wk) Infrequent (1-3/wk) None

Palliative Care

Frequent Infrequent
(Usually following
1 or more pts) None

Office Procedures

Frequent (daily) Infrequent (weekly) None

After Hours Coverage:

On call for own group
Sign out to coverage service
Other arrangements

Please specify: _____

Do you have active hospital privileges: Yes No

If yes, what hospital(s): _____

Have you had students/residents in your practice before:

Never

Occasionally

Frequently

What characteristics would make your practice a good location for a student to learn:
