

Practice Profile Information Sheet

Location: _____

Contact: _____
Telephone: _____
Summary of Contacts/Letters:

Community Information: **Size:** _____

School System: _____

College/University: _____

Culture Availability: (Arts, Museums, Music Theatre)

Recreation: _____

Economic Base: _____

Nearby Cities: _____

HOSPITAL INFORMATION: Bed Size:

ICU: _____ CCU: _____ Trauma" _____ Peds: _____ Burn: _____

Lab 24 hours: _____ Drug Levels _____

Blood Bank: _____

Other Hospitals in Town: _____

Residency/Teaching Opportunity: Academic Conferences, protected
Time _____

ER Information: Volume _____

Dept Status: _____

Patient Mix: Medicine: _____ Surgical: _____ Peds: _____ OB: _____ Psych: _____

Admission Percentage: _____
EMS Supervision: _____

Helicopter: _____

Nursing Staff: Procedures, Triage,
Assessments: _____

Medical Staff: On call
Backup _____

Group Information: Private vs Multi hospital
Physicians Full time _____ Corporation: _____
Physicians Part Time: _____ Independent contractor _____
Hospital Employee: _____

Training Background and length of employment of other
physicians: _____

EP on Hospital Staff committees: _____

Salary and Benefits:
Annual Salary or Guarantee: _____

Contract with hospital length: _____
Special Clauses(?) (Restrictive Covenants/ Due Process) _____

Benefits: Malpractice Insurance _____ Amount: _____ Type: _____
Health Insurance: _____
Life Insurance: _____
Dental: _____
Vision: _____
Optical: _____
Disability: _____
Pension: _____
Dues: _____
CME: _____
Vacation: _____
Moving Expenses: _____
Interview Expenses: _____
