



PROVIDER SITE QUESTIONNAIRE

Provider Name:		Telephone #: ()	
Address:	City:	State:	Zip:
Tax Identification Number:	Specialty:	Facsimile #: ()	

1. Please list the education and training of all management, clinical personnel and equipment technicians including title of position and degree(s) and/or certification held.

Title of Position

Degree/Training/Certification

(Please include a separate sheet of paper if necessary)

1. **Availability of Services** *(check those that apply):*

- Average length of office visit:
- 5-10 minutes
 - 10-20 minutes
 - 20-30 minutes
 - 30 + minutes

- Average length of waiting time:
- 5-10 minutes
 - 10-20 minutes
 - 20-30 minutes
 - 30 + minutes

- Average time for appointment:
- 0 - 7 days
 - 7-14 days
 - 14 + days

2. Does the provider site have specific policies regarding patient record security and confidentiality including appropriate access by staff?
 YES NO
3. Does the provider site use a standard Patient Assessment form for all patients seen?
 YES NO
4. Does the provider site have specific policies for scheduling appointments based on the needs of the patient?
 YES NO
5. Does the provider site office environment provide patients and safety, privacy and access to rest rooms?
 YES NO
6. Does the provider site provide sufficient patient access and availability including extended hours, parking, proximity to public transportation and accommodations for the handicapped?
 YES NO
7. Does the provider site provide appropriate maintenance and training in the use of clinical equipment and provisions for emergency power?
 YES NO
8. Does the provider site have procedures in place to assist patient that need referrals to other facilities or for additional treatments?
 YES NO
9. Is the provider site accredited? *(if yes, provide the following)*
 Joint Commission ID#: _____ Expiration Date: _____
 Other _____ ID#: _____ Expiration Date: _____
10. How do you communicate self-care, health promotion and disease prevention to your patients?
11. Newsletter Pamphlets
 Brochures Other _____
12. General Comments: Please provide comments on how PPNI could serve you and your patients more effectively:
