

Hospital Name	
Address	
Phone	
Fax	
Website Address	
E-mail Address	
Hours of Operation	
Practicing Doctors on Staff	
Office Manager	
Person to speak to regarding referral cases	
Is there anyone available to speak to after hours? If so, please list name and phone number.	Yes No
Hospitalized patient care preference: (Choose one) 1- Transfer stable patients that require continued nursing and supportive care back to your hospital by 8 AM. 2- Discharge patients to go home and refer them to your hospital for scheduled follow-up illness care 3- Resolve the problem and refer the patient to your hospital for wellness care	Option 1 Option 2 Option 3
Preference for receiving summary of care	Email Fax
Please list your holiday schedule for Christmas and New Year's	
May we add you to our website as a practice in our referral network?	Yes No
At this time, have we been added to your website (as an emergency facility)?	Yes No
At this time, have we been added to your answering machine (as an emergency facility)?	Yes No
Does any of your staff have interest in emergency shift work here at our facility?	Yes No
Does your practice have any interest in utilizing our blood bank? If so, approximately how often do you expect to utilize it?	Yes No
Does your practice have the ability to handle orthopedic repairs?	Yes No
Does your practice have interest in utilizing our referral endoscopy and ultrasound services?	Yes No