

Client, please fill out the following:

Member Type:

- Physician (including medical residents) Nurse Practitioner
 Physician Assistant Medical Student (Critical only)

Primary Medical Specialty (choose one only):

<input type="checkbox"/> Dermatology	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Family Medicine
<input type="checkbox"/> Hospitalist/Internal Medicine (General)	<input type="checkbox"/> Internal Medicine-Subspecialty NOS	<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Oncology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedic, incl Surgery
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry/Neurology	<input type="checkbox"/> Surgery (not orthopedic)
<input type="checkbox"/> All other specialties or don't want to specify, or student		

Employment Status:

- Residency Program Hospital System Employed
 Independent large gp. >=8 providers Independent small gp. <8
 Medical Student Retired/Not Currently Employed Unspecified

Presenting Challenge (e.g., depression, work related, relationships, etc.): _____

Age:

- 25-43 44-57 58-70 71+ Unspecified

Gender:

- Female Male _____ Unspecified

County Practicing in: _____

Have you ever used the Physician Vitality Program services before with this Provider or another PVP Provider under any eligible membership? Yes No

Utilization of another PVP Provider within the last 12 months (if applicable)

PVP Provider Name _____ Start Date _____

of appointments used with prior PVP provider during last 12 months _____

Name of qualifying membership/organization:

FOR PVP PROVIDER USE ONLY									
Intake Date		Date	Date	Date	Date	Date	Date	Date	Date
__/__/__		__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
\$25	Billable half-hour increments								
Billed <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>