



## Family Medicine Core Clerkship Evaluation Addendum Part A

Date of Rotation: \_\_\_\_\_ Preceptor Name \_\_\_\_\_  
 Location of Practice Site: \_\_\_\_\_ Community Population \_\_\_\_\_  
 What is the distance between the practice site and the nearest city (pop. >100,000) \_\_\_\_\_

### PRACTICE SITE PROFILE

1. Please indicate how many of the following medical professionals are employed at this practice site.

Professional	#	Professional	#	Professional	#	Professional	#
Physicians (MD or DO)		Nurse Practitioners		Mental Health Professional		Alternative Medicine Specialist	
Physician Assistants		Registered Nurses		Medical Assistant		Other (Please specify)	
						_____	

2. Does your preceptor participate in any of the following patient assistance programs? Please check all that apply.

MEDICATION ASSISTANCE		OFFICE VISIT/OUTPATIENT PROCEDURE FEES	
1. Provides Free Samples		1. Offers sliding scale fees for uninsured or underinsured	
2. On-site pharmacy discounts		2. Offers discounts to patients paying cash for services	
3. Provides information regarding medication assistance programs available through pharmaceutical companies.		3. Has contacts with other specialists who offer discounted services for patients who are uninsured or underinsured.	
4. Provides information regarding discounted generic prescriptions available at local merchants.		4. Other: Please Explain	
5. Other: Please Explain.			

3. Please indicate which of the following areas of Family Practice are emphasized in this practice site. Also indicate whether there was:

- Heavy Focus (seen daily),
- Moderate Focus (seen at least once a week)
- Light Focus (seen at least once during the rotation) or
- No Focus (not seen during the rotation)

	Heavy Focus	Moderate Focus	Light Focus	No Focus		Heavy Focus	Moderate Focus	Light Focus	No Focus
Pediatrics					Holistic/Alternative				
Geriatrics					Emergent Care				
OB					Mental Health Services				
GYN					Inpatient Care				
Sports Medicine					Other				