

### Sample Three: Client Practice Opportunity Form

Client Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Information \_\_\_\_\_

Specialties Needed \_\_\_\_\_

Population and Service Area? \_\_\_\_\_

Private Practice or Hospital Employed? \_\_\_\_\_

Patient Visits Per Day? \_\_\_\_\_

Call Coverage? \_\_\_\_\_

Where is the Practice Located? \_\_\_\_\_

Practice Emphasis (Any Specialty Interests)? \_\_\_\_\_

Practice Hours and Days? \_\_\_\_\_

Part-Time, Full-Time, Flexible Hours? \_\_\_\_\_

Compensation Amount, Type and Benefits? \_\_\_\_\_

\_\_\_\_\_

Hospital Size and Occupancy Percent? \_\_\_\_\_

Teaching or Research Opportunities? \_\_\_\_\_

Buy-in Option? \_\_\_\_\_