

Primary Care Facility Designation Worksheet

Facility Name _____

Address _____

County _____

Is facility public or non-profit? _____

What percentage of facility services are provided to residents of a HPSA?

What HPSA designations are within 30 minutes of the facility?

What is the average number of outpatient visits per year?

What percentage of local emergency room visits are for routine primary care?

What is the waiting period for appointments for new patients?

What is the waiting period for appointments for established patients?

What is the facility waiting time when patients have appointments?

What is the facility waiting time for patients treated on a walk-in basis?

Please provide information on every health professional administering care at the facility. Please include their name, title and amount of hours that they work at the facility weekly.