

## ACMS Physician Wellness Program Demographics Tracking Card

Client, please fill out the following									
Member Type: Active Physician Retired Physician Resident Unspecified									
Primary Medical Specialty (choose one only):         Dermatology       Emergency Medicine       Family Medicine         Hospitalist/Internal       Internal Medicine-       Obstetrics/Gynecology         Medicine (General)       Subspecialty NOS       Orthopedic, incl Surgery         Pediatrics       Psychiatry/Neurology       Orthopedic, incl Surgery         All other specialties or don't want to specify         Employment Status:         Residency Program       Hospital System Employed         Independent large gp. >=8 providers       Independent small gp. <8									
Presenting Challenge (e.g., depression, work related, relationships, etc.):									
Age:       □       25-43       □       44-57       □       58-70       □       71+       □       Unspecified         Gender:       □       Male       □        □       Unspecified									
County Practicing in:									
Have you ever used the Physician Wellness Program services before with this Provider or another PWP Provider O Yes O No									
Utilization of another PWP Provider within the last 12 months (if applicable)									
PWP Provider Name Start Date									
# of appointments used with prior PWP provider during last 12 months									

FOR PWP PROVIDER USE ONLY									
Intake		Date							
Date									
									_/_/
	Billable								
	hour								
	increments								
Billed 🗖									