



Welcome to the Physicians Realty Trust family. We are excited about the opportunity to help you design the most efficient and cost effective space for you and your practice. We have provided you with a short tool to complete so we can better understand both the challenges you have today and your vision for the future. Please return to Mark Theine by email: [mdt@docreit.com](mailto:mdt@docreit.com), post: 309 N. Water Street, Suite 500 Milwaukee, WI 53202, or call (414) 367-5613 .

### Practice Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Practice Character

1. Number of physicians in the practice: \_\_\_\_\_

2. Number of physician extenders (i.e., PA, NP, ANP): \_\_\_\_\_

Extender share patients       Extender practices solo

3. Will there be procedures and/or testing completed in your new space?       Yes       No

Please list:

4. Please provide the provider typical workweek. Click the box to place an ☑ for each morning and afternoon (session) the provider works. Then provide the approximate patient encounters per session, along with total projected 2016 & 2020 encounters.

Provider Name/ Sub-Specialty	Title (MD, PA, NP, etc.)	Mon AM PM	Tues AM PM	Weds AM PM	Thurs AM PM	Fri AM PM	Sat AM PM	Sun AM PM	Approx. Encounters per Session	Total Projected 2016 Encounters	Total Projected 2020 Procedures
		<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"/> <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"/>	<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"/> <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"/>	<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"/> <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"/>	<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"/> <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"/>	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			

**Recruitment**

Type of Sub-Specialty	# of FTE (i.e., 5, 1.0)	Year to be Recruited

**STAFFING**

- 1. Does your practice use team nursing (one RN/MA per physician in-clinic)?  Yes  No
- 2. Do you have a Practice /Office Manager in your suite?  Yes  No
- 3. Do you have a Clinical Manager in your suite?  Yes  No



4. Please complete the following grid to identify support and clinical staff along with their FTE.

Type of Sub-Specialty	# of FTE (i.e., 5, 1.0)	Comments