

18. Scope of practice (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Children | <input type="checkbox"/> Hospital inpatients |
| <input type="checkbox"/> Prenatal care | <input type="checkbox"/> ER Staff Physician |
| <input type="checkbox"/> Labor and delivery | <input type="checkbox"/> Team physician |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Occupational medicine |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Other (specify) _____ |

19. Average number of days per week that you spend seeing patients _____

20. Average number of patients that you see per week _____

21. Average number of patients seen per week at your practice _____

Please tell us about your use of computers in your office practice.

22. Do you have Broadband internet access from your office computer(s)?

- Yes No Unsure

23. How do you maintain medical records in your practice?

- Exclusively electronic
 Exclusively paper
 Use both paper and electronic records

24. What are your interests that might relate to future collaborative research?

25. The UK Center for Clinical and Translational Science (CCTS) is interested in linking health care professionals and researchers for projects of mutual interest.

What (if any) information on this form may we share with the UK CCTS leadership? Mark all that we may share:

- Name and practice address/phone number
 Email address
 Practice Information
 Research Interests

Thank you! Please return the completed form to:

University of Kentucky
Department of Family & Community Medicine
Attn: Mary Barron, RN, CCRC
K302 Kentucky Clinic
740 S. Limestone
Lexington, KY 40536-0284

OR fax to 859-323-6661

If you have any questions/comments about joining the Kentucky Ambulatory Network, please contact Mary Barron, RN, CCRC at 859-323-4889 or email mabarr2@email.uky.edu.