

Ryan White West Central Florida Care Council Health Service Advisory Committee

Provider Survey

1. Name of Provider: _____

List of medical staff, qualifications and experience:

Staff Member	Qualifications	Experience

2. Hours of operation: _____

3. How are client issues handled after hours?

4. What other Services are provided by your clinic?

5. Please indicate the unduplicated number of clients served at your clinic during 2005: (As reported on your 2005 CADR)

of Adults _____ # of Infants/Children/Youth _____

6. What happens when a client needs hospitalization?

7. Are Specialist referrals available? Yes No

8. Do you have any expansion plans? Yes No

If Yes, please describe those plans:

9. Are there any specialties, tests, labs that you have difficulty accessing?
Yes No

If Yes, please describe:

10. Do you feel that there are any access or service disparities among HIV+ populations in your area? Yes No

If Yes, please describe:

11. Are there any medical supplies, equipment needs or other items not mentioned that would improve your ability to provide care for underserved HIV+ populations? Yes No

If Yes, please describe need and population.

12. Please indicate the number of clients receiving services in your setting who come to you from other areas or counties.

of Adults _____ # of Infants/Children/Youth _____

Please list the reason(s) these clients seek services outside of their area of residence (if known).

Thank You!