



## ITM'S PRACTITIONER REFERENCE INFORMATION FORM

**IMPORTANT NOTE:** Please print out and then fill out this form completely and accurately. It will serve as background information for responding to questions about your practice (essential for inclusion in our practitioner guide) and will be utilized in developing statistics about the practice of Chinese medicine. **Answer all questions on both sides;** please write clearly or type. Your listing in our practitioner reference guide is free. If there are several practitioners at one clinic, have one person fill out this form. Even though you may have filled out a previous form, we need this updated information to retain your listing. The practitioner reference *listing* (names, licenses, locations, phone numbers) is posted on ITM's website ([www.itmonline.org](http://www.itmonline.org)). ITM reserves the right to reject applications for inclusion in its list for any reason. By submitting this form, you will become a member of ITM, and the membership fee is waived (usual is \$30/year).

**Your name:** \_\_\_\_\_  
(include any credentials related to your practice, e.g., L.Ac., N.D., M.D.)

**Clinic name:** \_\_\_\_\_  
(if any), complete address (primary site), and primary contact information:  
(see reverse for listings of multiple practitioners or multiple sites)

Clinic Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website address: \_\_\_\_\_

**The school(s) where you received your professional training and received degrees/diplomas:**  
(mention names of professional schools granting degrees; limit to three most important institutions)

- 1.
- 2.
- 3.

**Therapeutic specialties in addition to general practice for which you have considerable experience (e.g., infectious diseases, women's health concerns, pain syndromes, cancer, allergies, etc.):**  
(list in order of priority in your practice and experience)

- 1.
- 2.
- 3.
- 4.

**Diagnostic methods (e.g., traditional Chinese, modern lab tests, kinesiology, etc.):**  
(in approximate order of emphasis or frequency of use)

- 1.
- 2.
- 3.
- 4.

**What are the main therapeutic methods you employ? (e.g., acupuncture, Chinese herbs, massage, hydrotherapy, Western herbs, homeopathy, etc.):**

*(in approximate order of emphasis or frequency of use)*

- 1.
- 2.
- 3.
- 4.

**Years in practice (with licensing):** \_\_\_\_\_

**Fees for a typical office visit:** \_\_\_\_\_

**Initial visit fee:** \$ \_\_\_\_\_ **Typical duration:** \_\_\_\_\_ (minutes)

**Follow up visit fee:** \$ \_\_\_\_\_ **Typical duration:** \_\_\_\_\_ (minutes)

### **MULTIPLE-PRACTITIONER FACILITIES**

Names of individuals working in the same clinic *at least 20 hours/week*; include their medical licensing (e.g., L.Ac.):

- 1.
- 2.
- 3.

### **SURVEY QUESTIONS**

**Please give us the following information for your most typical situation:**

How many patient-visits per week? \_\_\_\_\_

(number of scheduled treatment slots *actually filled* each week)

How many days per week are you usually available at your office to see patients? \_\_\_\_\_

How many hours per week do you spend seeing patients (during filled treatment slots)? \_\_\_\_\_

How full is your practice compared to what you consider ideal? \_\_\_\_\_%

What percentage of your patients is given herb prescriptions? \_\_\_\_\_%

What are the most frequently used forms of herb prescriptions; list in order of frequency, items such as crude herbs (decoctions), imported patents, Western tablets/capsules, tinctures, granules, others (specify):

- 1.
- 2.
- 3.
- 4.

How many hours of continuing education (i.e., medical seminars) do you attend in a year? \_\_\_\_\_

Are you familiar with the ITM website and the availability of its articles and availability of the ITM Director for consultations? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

**THANKS FOR FILLING OUT THIS FORM. FEEL FREE TO ATTACH COMMENTS AND ADDITIONAL INFORMATION. MAIL TO:**

**ITM**

**2017 SE Hawthorne  
Portland, OR 97214**

**OR FAX TO:  
503-233-1017**